Experience of challenge and crises in adoptive and foster families.

Daniella Valentine

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Coventry University, Faculty of Health and Life Sciences
University of Warwick, Department of Psychology

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Contents

Chapter 2. When foster placements end: Exploring foster carer experience of adolescent foster placement breakdown.

List of tables

List of figures

List of appendices

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Declaration

This thesis has not been submitted to any other institution or for any other degree. This thesis was carried out under the academic and clinical supervision of Dr Fiona MacCallum (Associate Professor, University of Warwick), Ms Jacqueline Knibbs (Consultant Clinical Psychologist and Clinical Tutor, Coventry University) and Dr Emma Crawford (Consultant Clinical Psychologist, Hillcrest), all of whom were involved in the initial formulation of ideas, development and review of the research design.

The materials presented are entirely my own work, other than the collaborations stated. Both the literature review and the empirical paper are written in preparation for submission in the Journal of Child and Family Studies. The reflective paper is written in preparation for submission in the Journal of Mental Health Training, Education and Practice.

Summary

Alternative family arrangements, including fostering and adoption, are recognised as often accompanied by unique and challenging experiences. Those challenges confer higher risk of familial crisis and disruption. Given the UK government commitment to increasing foster carer retention and supporting adoptive family placements to remain intact, this thesis explores challenges and crises experienced by these families. This is significant at a time when challenges within adoptive families are reported to be high, foster carer retention rates have decreased yet there is a continued demand on social care to provide adoptive and foster family homes. Supporting permanence has implications for the National Health Service as Child and Adolescent Mental Health Teams can be an important agency in supporting the psychological needs of these families.

Chapter 1 is a synthesis and critical review of research exploring the challenges experienced within adoptive families. Following a systematic manual and database search of relevant literature, 13 studies were reviewed. These highlighted a number of challenges experienced by adoptive families, some of which converged and indicated barriers to help-seeking. Implications for future research, alongside suggestions for clinical practice are discussed.

Chapter 2 is an explorative qualitative account of foster carer experiences of placement breakdown involving older children and adolescents. Using Interpretative Phenomenological Analysis, this study provides an in-depth insight into foster carers' varied emotional experiences. The findings outline psychological processes that occurred following placement breakdown, such as acceptance. Clinical implications, including models of non-judgmental intervention focused on resilience and post-traumatic growth are discussed.

Chapter 3 presents a reflective account of the research experience. It provides an exploration firmly situated within the position of the researcher. A map of the research process draws on themes including methodological and ethical issues, learning and loss; some of which resonate with the contents of chapter 2.

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Chapter 1. Literature Review

The challenges experienced by adoptive families: a systematic review.

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1. Abstract

Introduction: Adoption can offer a permanent and consistent nurturing relationship to some of society's most vulnerable children. However, some adoptive placements are characterised by challenges, crisis and disruption. The U.K. government has committed to tackling adoptive placement disruption but the challenges experienced by adoptive families remain pertinent. In recent years there has been an increase in research exploring the difficulties experienced by adoptive parents. The aim of the present review is to analyse the challenges experienced by adoptive families that are reported within the empirical literature. *Method:* Data sources included: ASSIA, PsycINFO, SCIE and Web of Science. A systematic literature search yielded 13 articles. *Themes:* Themes were identified within the areas of: adopted child trauma history and resultant mental health difficulties; child demographic variables; adoptive parent history and emotional experience; guilt, shame and stigma and challenges to expectations. Protective factors also emerged, including: training, networks and support; developing capacity and coping. *Implications:* This review identified an emergent link between shame related processes, attachment style and reflective functioning. Clinical implications include a recognition of shame and promoting resilience. Subsequent implications for policy and future research are discussed.

Key Terms: *Adoption, challenges, review.*

1.1 Introduction

1.1.1 Adoption in context

A secure attachment relationship with a primary caregiver is vital to child development (Van Den Dries, Juffer, Ijzendoorm & Bakermans-Kranenburg, 2009). Adoption can offer a permanent home and a consistent attachment relationship to vulnerable and traumatised children ("about adoption", n.d.). Securing an adoption order is a legal process that results in adoptive parents permanently obtaining parental responsibility for the adopted child/ children. Within this definition the circumstances leading to adoption can vary significantly from child to child (Palacios & Brodzinsky, 2010). For example, compared to children adopted through kinship arrangements or international adoption from birth, children adopted from foster care are more likely to have histories of abuse, neglect and negative experiences of the foster care system (Rutter, 2000).

Although adoption orders are intended to offer permanency, there are circumstances when the adoption breaks down. In this situation, often the child moves into a temporary fostering arrangement. Two recent and novel surveys in England and Wales have reported that the national disruption rate was 3.2 per cent, indicating that three in 100 adoptions disrupt over a 12-year period (Selwyn & Meakings, 2015a). It is vital to note that although the disruption rate might be considered to be low, of 689 adopted children, 21% were experiencing major difficulties in the adoptive relationship (Selwyn & Meakings, 2015a). This indicates that challenges and crisis are important to investigate as well as reporting on how many adoptive placements disrupt.

1.1.2 Challenges, crisis and disruption in adoptive families

A specific challenge pertaining to mental health of adopted children has been identified. Historically, it has been reported that adopted children are more likely than their non-adopted counterparts to access mental health services (Brodzinsky, 1993). Clinical samples have reported increased incidence of externalising problems such as hyperactivity, aggression and oppositional behaviour (Brodzinsky, 1993). In a more recent review, Coakley and Berrick (2007) reported that males, older children, children with special needs and children adopted with siblings were more likely to experience disruption. In attempting to explain the individual variation in adoption

adjustment, some authors have proposed that adoption related stress is mediated by the child's ability to cope with a number of pervasive and inherent losses such as birthparents, cultural belonging and wider genealogical heritage (Smith & Brodzinksy, 1994). It is proposed that many adopted parents experience difficulties in approaching themes relating to the child feeling unwanted and familial relationships being fragile (Levy-Shiff, 2001). The adoptive family response to the multiple losses experienced by the child and the child's often incoherent history are proposed to have a significant impact on development of an integrated sense of self, and may therefore be associated with disruption (Selwyn & Meakings, 2015a).

Authors have reported that there are unique challenges associated with growing up in an adoptive family and that specific challenges appear at key developmental stages across the family life cycle (Brodzinsky, 1987). It is proposed that family dynamics influence identity development, and that the relationship between adoptive parent and child can be the source of adjustment difficulties (Coakley & Berrick, 2007; Grotevant, 1997). It can present as a challenge for adoptive parents to help the child to understand what it means to be adopted and the implications of this. Finally, these processes do not occur in isolation – the adopted child remains part of many networks, including those with same age peers who have remained with their biological parents (Coakley & Berrick, 2007). Factors related to adoptive parents were also reported to influence the challenges experienced; for example, lower adoptive parent marriage satisfaction and educational level were associated with crisis (Coakley & Berrick, 2007). Both of the recent surveys (Selwyn & Meakings, 2015a; Selwyn, Meakings & Wijedasa, 2015) highlighted the perceived lack of post-adoption support available to adoptive parents experiencing challenges, including barriers to child and adolescent mental health services (CAMHS).

1.1.3 Methodological issues

Although adoption disruption features within the literature, there are limited studies reporting specifically on the challenges experienced within adoptive families. Over a decade ago, Coakley and Berrick (2007) presented a review of the existing literature; since then there has been further research and two significant surveys exploring the challenges faced by adoptive families. It is important to systematically review whether contemporary research has strengthened the emergent themes suggested by Coakley and Berrick. Further, Coakley and Berrick (2007) focused on

adoption disruption, however recent survey information indicates that the rate of challenge within adoptive families is more prevalent than those adoptive placements that disrupt (Selwyn et al., 2015). Therefore, it is important to explore the challenges experienced by all adoptive families rather than solely focusing on adoptions that have disrupted. Selwyn and Meakings (2015a) and Selwyn et al. (2015) reported cross-sectional surveys analysed primarily using statistical methodology. In order to develop an in-depth understanding of adoptive family life when experiencing challenges, it is hypothesised that purely quantitative methodology is at risk of missing this vital information. This indicates the relevance of a systematic literature review that synthesises qualitative and quantitative studies.

1.1.4 Rationale for current review

The negative outcomes of inconsistent caregiving are well reported. Leading charities and the British Association for Adoption and Fostering (BAAF) have reported there is a significant gap in funding and service level provision for adoptive families facing challenges, crisis and maybe disruption (Tickle, 2013). Understanding those challenges could support early intervention to adoptive families in crisis and ultimately primary prevention of adoptive disruption. This is also a timely point for review; the U.K. government has announced reform of and investment into the adoption system, due to difficulties adoptive families have in accessing ongoing packages of support (Department for Education, 2016). As part of this, it is recognised that the voice of adopters and adoptive children is paramount to national and local policy decision making (Department for Education, 2016).

1.1.5 Aim

In light of recent surveys and an expanding evidence base, a review of qualitative and quantitative papers to understand the challenges experienced by adoptive families is required. This systematic review addresses the following review question:

- What are the challenges experienced within adoptive families, including those which influence the likelihood of adoptive placement disruption?

1.2 Method

A systematic literature search was conducted between September and December 2017. Articles within the fields of psychology and social care were deemed to be relevant to the review. To ensure adequate coverage of available and relevant research, a range of varied electronic databases were identified, namely: ASSIA, PsycINFO, Social Care Online and Web of science. Some research within the area of challenges post-adoption does not appear in primary electronic sources but are reported as grey literature – that is credible and perhaps contextual information usually pertaining to applied settings (Adams et al., 2016). Resultantly, the search strategy increased coverage of relevant literature through hand searching, grey literature, Google search, Google Scholar search and searching citations of articles selected for the review (Perestelo-Perez, 2013).

1.2.1 Search terms

Table 1.1 Search terms included in the systematic review

Search Term	Search term/ synonym location	Synonym
Adoption	Title, abstract, main text	Adopt*
Challenges	Title, abstract, main text	Problems, difficulties
Disruption	Main text	Instability, break down

Table 1.2. Inclusion and exclusion criteria for systematic review

Criteria	Inclusion	Exclusion
Population	Adoptive children Adoptive parents Professionals that report on adoptive children and adoptive parents	Adoptive children with a significant learning or physical disability
Date of study	>2007 - 2018	<2006
Focus of study	Challenges within adoptive families including crisis and adoptive disruption	N/A
Setting	Study samples adoptive family homes	Other care arrangements, including foster care, special guardianship and youth offending services

Age	All adoptive children (0-18 years)	N/A
Ethnicity	All ethnicities	N/A
Gender	All genders	N/A
Methodology	Qualitative Mixed-methods Quantitative	N/A
Quality	Peer reviewed papers Non peer- reviewed papers	Poor quality indicators (see 1.2.4)
Location	International studies	Articles reporting solely on specific cultural factors relating to adoption
Language	English	Article not available in English

Key search terms (Table 1.1) and inclusion criteria (Table 1.2.) were selected to ensure that the search strategy was appropriate to the review questions. Boolean operators were employed to key search terms to increase the accuracy of search results (Dundar & Fleeman, 2014). Key terms were identified based on the review question and by reviewing the key words assigned to the publications identified in preliminary searches (Table 1.1). A recognised challenge of searching for qualitative studies can be the descriptive nature of some titles (Evans, 2002). "Adoption", "adopted" and "adoptive" appear widely in research areas such as agriculture and medicine. Studies were immediately excluded if the title and journal title indicated the article was not within the social care or psychology field. The remaining references were retrieved and assessed for inclusion in accordance with the criteria noted in Table 1.2.

1.2.2 Inclusion and exclusion criteria

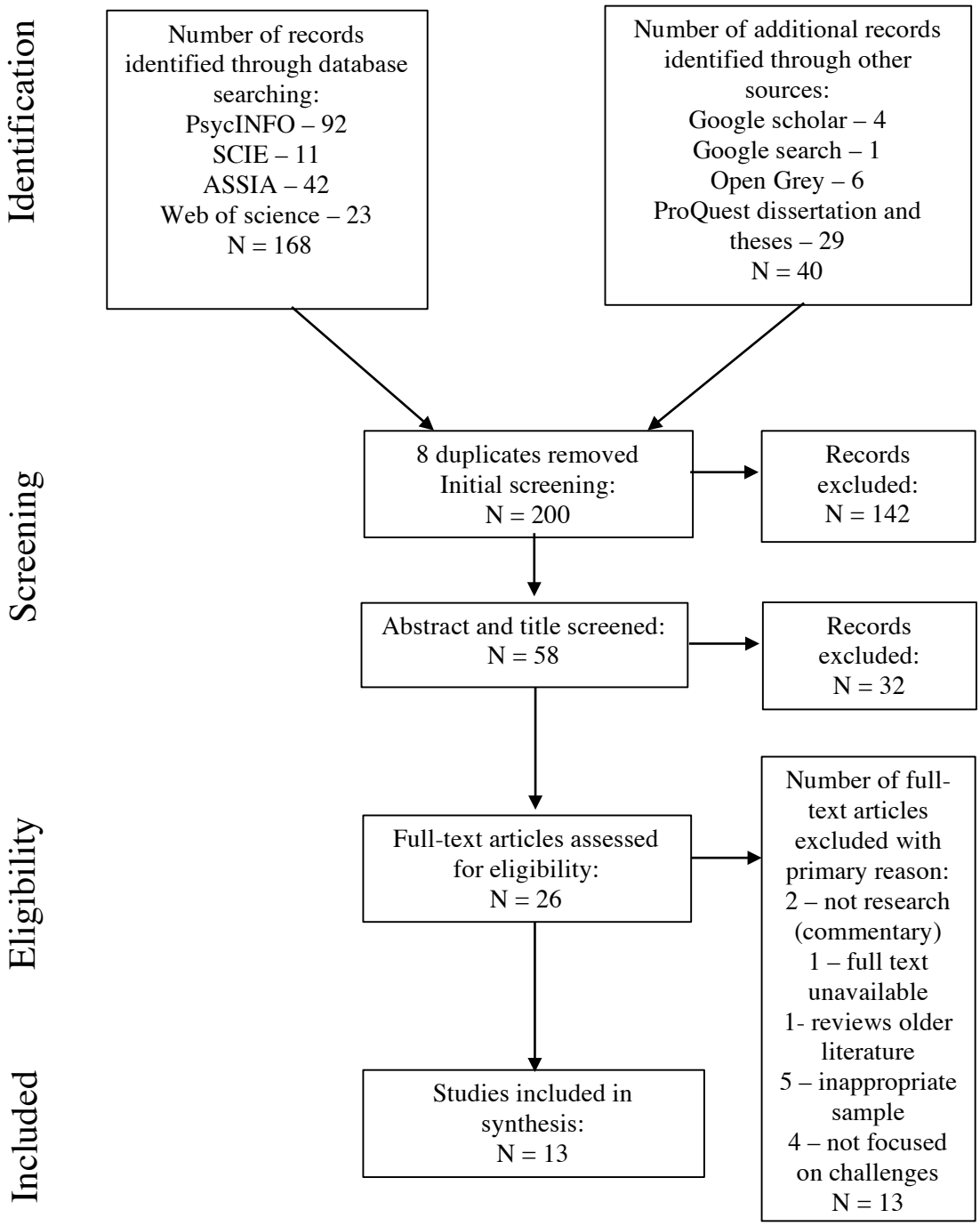
Studies sampling or reporting on adoptive children were included. Adoptive parents are considered legally responsible for an adoptive child until the day prior to the child's 19th birthday ("A child's legal rights", n.d). A key part of the systematic review was to understand whether factors such as gender and ethnicity are associated with challenging adoptions. Thus, males, females and all ethnicities of adoptive children and parents were considered for inclusion. However, it was problematic that some studies did not include comprehensive information about participants – these studies were further assessed for quality (1.2.4). Considering the focus of the review, studies on crisis in adoptive families and adoptive disruption were considered for inclusion if they included research pertaining to challenges during adoption. Some

studies focused on specific challenges such as child to parent violence whilst others took a broader approach. The primary research aim of some studies was to review the effectiveness of interventions offered to adoptive families. These studies were retained because they all researched the challenges experienced within adoptive families as a prerequisite to addressing their primary research question. Studies returned that reported on narrow factors such as the impact of physical or learning disabilities were excluded (e.g. Nalavany, Glidden, & Ryan, 2009). It was hypothesised that such findings would be too specific to synthesise successfully with research sampling the wider cohort of adoptive families.

Whilst the legislative and systemic factors associated with challenging adoptions might be different across countries, studies exploring the difficulties nevertheless provide important information. Although international studies were included, they were screened for any specific and significant cultural factors that might impact on the integration of the findings with U.K. based studies. This included factors such as adoption orders granted wherein the child did not share the same language as the adoptive parents. Although peer reviewed articles are considered to be of high quality, preliminary exploration in this topic area indicated that some publications were not peer reviewed, such as individual case studies. All such qualitative studies were reviewed, and if the quality assessment checks and inclusion criteria were adequately met, were retained. Similarly, mixed-methods papers were considered and some retained for inclusion. As a previous review paper was published in 2007, and due to legislative and contextual changes, studies prior to 2007 were excluded. The research team provided a reflective space to discuss concerns regarding study eligibility at regular research meetings.

1.2.3 Search results

Figure 1. PRISMA Flow Diagram



Details of the search procedure are displayed in Figure 1. Following the search, reference lists of retained articles were manually checked for relevant studies that had not been returned during the database search. Following the initial screening described above (1.2.1), the title and abstract were screened based on the inclusion and exclusion criteria. The studies assessed to be appropriate were subject to a full text

review and eligibility for inclusion was determined based on the criteria described above (Table 1.2).

1.2.4 Quality framework

On completion of the systematic search, the 13 studies retained were assessed using two quality assessment frameworks (QAF; Kmet, Lee & Cook, 2004). Decision about use of the qualitative or quantitative QAF was guided by the primary research methodology of individual papers (see Appendix A and B respectively). Whilst quality assessment scores have traditionally been sought to appraise the quality of quantitative studies, it has been argued that formal means of assessing quality can assist in the consideration of strengths and weaknesses of articles (Hartling, Hamm & Milne, 2012); this is pertinent given the variety of articles returned during the present search. Therefore, the QAF has not been selected as a method of rejecting articles based on scores but as a means of guiding interpretation and decisions regarding quality (Kuper, Lingard & Levinson, 2008).

1.2.4.1 Results of quality appraisal

Table 1.3. Quality appraisal scores and reliability values

Study retained for review	**QAF type**	**Rater 1 quality score**	**Rater 2 quality score**	**Reliability test (k=)**
Atkinson & Gonet (2007)	Qualitative	0.6	0.65	0.83
Bryan et al. (2010)	Qualitative	0.9	0.85	0.71
Burke et al. (2014)	Quantitative	0.94		
Dunkelberg (2008)	Qualitative	1		
Harkins (2014)	Qualitative	0.95		
Hudspeth (2009)	Quantitative	1		
Hussey et al. (2012)	Quantitative	1		
McEnany (2008)	Qualitative	1		
Nalavany et al. (2008)	Quantitative	0.95		
Orsi (2015)	Quantitative	0.95	0.91	1.00
Selwyn & Meakings (2015b)	Qualitative	0.85	0.8	0.76

Selwyn & Meakings (2015c)	Qualitative	0.85	0.85	1
Simmel (2007)	Quantitative	0.95	0.91	0.62

The maximum score for qualitative studies was 20, and 26 for quantitative, with higher scores indicating the presence of quality indicators. Tests of inter-rater reliability were carried out on 50% of the papers, the Kappa reliability coefficient for those papers are reported in Table 1.3. The overall coefficient reliability value of k = 0.82 is consistent with guidance reported within the literature that there is a consistent pattern of inter-rater reliability (Altman, 1999). The lowest coefficient score was k = 0.62, followed by k = 0.71. Given that these figures indicate moderate strength agreement (Altman, 1999), individual differences within scoring were further explored for those papers (Bryan, Flaherty & Saunders, 2010; Simmel, 2007). Rater differences were found to be within one mark and on single items for each paper. Neither rating contradicted the other (i.e. neither rater rated the indicator as present whilst the other rated it as absent). The moderate agreement in inter-reliability scores are proposed to be minor subjective differences in critical appraisal of research.

Quality assessment identified greater methodological weaknesses in four papers; in order to consider inclusion in the review these papers were explored further. All studies identified in part the study methodology, however two did not clearly outline the method of subject selection (Burke, the Prevention Group Research Team, Schlueter, Vandercoy, & Authier, 2015; McEnany, 2008) and three provided no or only a limited outline of data analysis (Atkinson & Gonet, 2007; McEnany, 2008; Selwyn & Meakings, 2015b). Thus the replicability of the studies was limited by unclear methodology. However, these studies were retained due to the richness of the data collected and the clarity of the results which indirectly explained how the data had been collected and analysed. As predicted, a proportion of studies (4) were unpublished doctoral theses (Dunkelberg, 2008; Harkins, 2014; Hudspeth, 2009; McEnany, 2008). As previously outlined (see 1.2.2) as an emergent area of research, many studies in this area are unpublished or are found within grey literature. Given that three of the articles all met the inclusion criteria and were reviewed to have good quality indicators, all were retained for the review (methodological weaknesses pertaining to these theses are presented above).

1.2.5 Analysis

Analysis followed a thematic content approach. Pope, Popay and Mays (2007) argue that synthesis rooted in a narrative approach can generate new insights by systematically integrating the research findings. Whilst the merits of integrating existing research have been strongly contested (Pope et al., 2007), the benefits for this study have been clearly outlined as part of the rationale. It has been argued that synthesising qualitative and quantitative studies is the "logical extension" of mixed-methods research (Pope et al., 2007, p. 147). In this way, thematic analysis was appropriate to organise findings from a diverse body of mixed-methods research.

Whilst thematic analysis of content is typically associated with qualitative research it is possible to include quantitative data (Pope et al., 2007). Themes were identified by re-reading eligible studies, annotating original papers and extracting prominent themes. The emerging list of themes was refined through identification of key themes and sub-categories. This largely involved consideration of: frequency of theme, the quality of the study reporting the theme, and explanatory significance (the context and level at which the findings impact on the area of study) (Pope et al., 2007). Themes were then analysed to see how they related to one another. An example of the data analysis process can be found in Appendix C. Study findings are presented thematically within the area of focus: the challenges experienced within adoptive families including risk factors for adoption disruption.

1.3 Results

1.3.1 Findings of studies

Table 1.4. Characteristics of studies

Author (date)	QAF score	Study aim	Research Design	Sample population	Method of data collection	Data Analysis	Key Findings
Atkinson & Gonet (2007).	0.6	Service evaluation including an aim to explore the challenges experienced by adoptive families post-adoption.	Mixed methods: survey and telephone interviews.	*N= 500* adoptive families Country: USA Recruitment: Purposive sampling.	Telephone interviews based on 'adoption crossroads' (Hudson et al., 2001 as cited in Atkinson & Gonet, 2007). Survey outcome evaluation components: adoption stability, family functioning, progress in resolving identified problems.	Thematic analysis (not described/ outlined). Descriptive statistics (not described/ outlined).	Challenges reported: • Behaviour problems • School-related issues • Adoption issues • Attachment issues • Social adjustment problems • ADD/ADHD • Oppositional defiant disorder • Bipolar disorder • Foetal alcohol syndrome • Depression • Learning disability • Autism • Schizophrenia. Interviews highlighted the value of ongoing support beyond finalisation.
Bryan, Flaherty & Saunders (2010).	0.9	Service evaluation including an aim to identify challenges experienced by adoptive parents.	Mixed methods: focus group and survey.	Focus groups – *N= 42* adoptive parents. Survey – *N= 230* adoptive parents. Country: USA Recruitment: Purposive sampling.	Focus group – semi-structured interview focused on adoption and support group experiences. Survey – 37 item and 4 open ended questions reflecting focus group themes.	Focus group – Constant Comparison Approach (Creswell, 1998 as cited in Bryan et al. 2010). Survey –Likert scale mean and standard deviation.	Almost 50% of participants indicated the adoption experience was more difficult than expected. Challenges included: allegations; emotional difficulties; lack of social care support. Post-adoption support groups were reported to be valuable for support, training and information gathering.

Burke, the Prevention Group Research Team, Schlueter, Vandercoy, & Authier (2015).	0.94	To explore the challenges experienced by adoptive families and to identify models of intervention.	Case study.	*N = 2* Country: USA Recruitment: Purposive sampling.	Child behaviour checklist (Achenbach & Rescorla, 2001 as cited in Burke et al., 2015). Protective factors survey (Friends National Resource Centre, 2008 as cited in Burke et al., 2015). Parenting relationship questionnaire (Kamphaus & Reynolds, 2006 as cited in Burke et al., 2015).	Case study design (Drotar, La Greca, Lemanek & Kazak, 1995 as cited in Burke et al., 2015).	The challenges reported included: • Adoptive parent guilt and worry • Adoptive child verbal aggression • Adoptive child physical aggression • Attachment difficulties • Risk behaviours.
Dunkelberg (2008).	1	To explore experiences of parenting adoptive children with abuse histories. Specific focus on adoptive parent attachment model.	Mixed methods: Survey and semi-structured interviews.	*N = 7* Country: USA Recruitment: Purposive then snowball sampling.	Semi-structured interviews. Attachment history questionnaire (Kessler & Potthurst, 1983 as cited in Dunkelberg, 2008). Attachment style questionnaire (Feeney et al., 1994 as cited in Dunkelberg, 2008). Relationship scales questionnaire (Bartholomew, 2002 as cited in Dunkelberg, 2008).	Constant Comparative Method (Maykut & Morehouse, 1994 as cited in Dunkelberg, 2008). Adult Attachment interview analysis (George, Kaplan & Main, 1985 as cited in Dunkelberg, 2008).	Participants retrospectively reported significant difficulties in their relationships with their adopted children. Participants identifying with an insecure attachment style were more likely to report specific challenges to parenting adopted children (i.e. a decrease in ability to acknowledge difficulties and seek help).

Harkins (2014).	0.95	To explore adoptive parents' attachment styles as a predictor of adoptive placement disruption.	Survey.	*N= 113* current or former parents of adoptive children aged 2-12. Country: USA. Recruitment: Purposive sampling.	Adoption Attitude Questionnaire. Experiences in Close Relationships Revised scale (ECR-R). Parenting Styles and Dimension Questionnaire (PSDQ).	Logistic regression.	Successful adoption decreased when the caregiver reported high scores on the anxious attachment scale (p=.027). Authoritative parenting style was significantly positively associated with a higher likelihood of adoption success. Trauma in the adoptive parent's history significantly negatively affected the rate of adoption success. Adoptive parents who reported positive views on adoption also reported reduced anxiety and less trauma.
Hudspeth (2009).	1	To explore parental attachment security and investigate any relationship with adoption disruption.	Mixed methods: cross sectional survey and open ended interviews.	*N=* 62 adoptive parents. *Country:* USA. *Recruitment:* Purposive then snowball sampling.	Questionnaire focused on interpersonal problems: Inventory of Interpersonal Problems (Horowitz, Alden, Wiggins, & Pincus, 2000 as cited in Hudspeth, 2009) and The Brief FAM HI (Skinner, Santa-Barbara & Steinhauer, 1983 as cited in Hudspeth 2009). Open-ended interviews focused on interpersonal problems and family functioning.	T-test, Pearson correlation, Chi-Square Test and thematic analysis.	Emotional, behavioural and social difficulties were not found to be associated with adoptive disruption although older age of adopted child was. Correlational analysis indicated that the following factors contributed to reduced rates of adoption disruption: • Religion and spirituality • Younger age of adopted child at time of adoption • Community support • Strong family bonding and attachment.

Hussey, Falleta & Eng (2012).	1	To explore the factors that predict presence of mental health difficulties in adoptive children.	Case review (secondary data).	*N= 330* children Country: USA Recruitment: Purposive sampling from pre-existing records.	Quantitative and qualitative case reviews including over 200 variables such as DSM I / II diagnoses, child demographics and placement characteristics.	Logistic regression.	Five variables were significant in predicting adoptive child mental health difficulties: • Older age at adoptive placement • White ethnicity • Male gender • More than one placement • History of sexual abuse.
McEnany (2008).	1	To provide an in-depth account of post-adoption depression.	Case study.	*N= 1* adoptive parent. Country: USA. Recruitment: Not outlined.	In-depth semi-structured interview.	Narrative approach – aim to provide a rich report on experiences by using participant words (not outlined/ referenced).	This study highlights a lack of preparation for post-adoption mood disorders including: isolation, low mood, conflict, irritability and anger. Post-adoption depression shares similarities with post-natal depression but is lesser recognised which may increase stigma, decrease help-seeking and represent a further challenge to adoptive families.
Nalavany, Ryan, Howard & Smith (2008).	0.95	To investigate the impact of pre-adoptive childhood sexual abuse (CSA) on adoption adjustment.	Cross-sectional survey.	*N= 117* (child data). Country: USA. Recruitment: Purposive sampling.	Cross sectional analyses of pre-existing data (family information forms): moves in care, adoption disruptions and parental commitment.	Multivariate statistical analyses.	Pre-adoptive CSA was associated with greater risk of complex adoption difficulties compared to children without such histories. It was proposed that these children struggle to make healthy relationships with adoptive parents.
Orsi (2015).	0.95	To identify predictors of adoptive placement disruption.	Cross-sectional survey.	*N= 4016* child case records. Country: USA. Recruitment: Purposive sampling.	Ten predictors of disruption were selected based on existing literature and advisors to the research. A survival	Cox regression.	Children who had spent the longest time in foster care or had experienced placement disruptions were more likely to re-enter local authority care. Older children were more likely to experience adoption disruption. Younger adoptive

					model tested the presence of predictors in case records.		parents were more likely to experience disruption.
Selwyn & Meakings (2015b).	0.85	To explore the role of smell in adoptive parent and child relationship.	Cross-sectional survey.	*N= 55* adoptive parents. Country: England and Wales Recruitment: Purposive then snowball sampling.	Survey. Semi-structured interviews.	Thematic (not described or outlined).	Odour of adopted child can affect bonding. This was reported as a challenge by families who were at risk of or had experienced adoption disruption.
Selwyn & Meakings (2015c).	0.85	Adoptive parent experience of adolescent-to-parent violence (APV).	Mixed methods. Survey and Framework Approach (Ritchie & Spencer, 1993).	*N= 90* adoptive parents. Country: England and Wales Recruitment: Purposive then snowball sampling.	Survey. Semi-structured interviews.	Non-parametric tests. Framework Approach (Ritchie & Spencer, 1993 in Selwyn & Meakings, 2015c).	Two main APV patterns emerged: pre-puberty violence escalating during adolescence, and late onset that surfaced during puberty and rapidly escalated. Stigma associated with APV delayed help seeking.
Simmel (2007).	0.95	Psychosocial functioning & prevalence of behaviour problems	Longitudinal.	*N= 688* adoptive families. Country: USA. Recruitment: Purposive sampling.	Data collected in 3 waves: 2, 4 and 8 years after adoption. BPI (Behaviour problems index, Achenbach & Edelbrock, 1983 as cited in Simmel, 2007). Three subscales were used: anxiety-depression, antisocial & hyperactive.	Bi-variate analysis. Repeated measures ANOVA.	Behavioural difficulties were apparent from wave 1. Adopted boys maintained higher levels of behaviour problems relative to non-adopted children and this persisted across the waves. Adopted girls displayed clinical levels of behaviour difficulties but this subsided by the third wave. Results indicate that behaviour problems do not solely demonstrate adjustment problems.

The review of the literature returned 13 eligible qualitative, quantitative and mixed-methods papers. An overview of studies selected and corresponding quality assessment scores can be found in Table 1.4. Identified themes within the area of adoptive family challenge and crisis are presented below. In addition, emergent findings regarding protective qualities are also discussed.

1.3.1.1 Aim: Challenges experienced within adoptive families and factors influencing adoption disruption.

Five themes were identified and are discussed in turn below: adopted child trauma history and resultant mental health difficulties; child demographic variables; adoptive parent history and emotional experience; guilt, shame and stigma; challenges to expectations.

1.3.1.1.1 Adopted child trauma history and resultant mental health difficulties

This theme encapsulates adoptive family reports of the traumatic history evident for most adoptive children and the resultant challenges. As a result of their early experiences, adoptive children regularly present with behavioural and attachment difficulties that are severe and pervasive (Atkinson & Gonet, 2007; Simmel, 2007). Adoptive children are described as having "baggage" (Bryan, Flaherty & Saunders, 2010, p.99). In their study of challenges experienced by adoptive parents, Atkinson and Gonet (2007) reported 54% of children in their large sample had been diagnosed with a mental health condition. In addition, other authors reported: attention deficit hyperactivity disorder (ADHD), reactive attachment disorder (RAD), oppositional defiant disorder (ODD), bipolar disorder, foetal alcohol syndrome (FAS), depression and schizophrenia, in addition to autism and learning disabilities, physical aggression, verbal aggression, controlling and dominating behaviours (Atkinson & Gonet, 2007; Burke et al., 2015; Selwyn & Meakings, 2015c; Nalavany et al., 2008). Given that the data analysis in studies reported by Atkinson and Gonet (2007) and Selwyn and Meakings (2015c) and method of subject selection within the Burke et al. (2015) study are unclear or not outlined, multiple studies reporting difficult and challenging behaviours provides strength to those findings individually reported.

In a non-clinical prospective study, Simmel (2007) reported that patterns of difficulties appeared early in adoptive placements and continued in parallel. This

would support the notion that the patterns of difficulties reported within the other studies are not solely an artefact of the cohort of adoptive children that seek support for mental health problems (this is a study limitation reported by Nalavany et al., 2008). This is pertinent given that adoptive families have consistently reported difficulties accessing mental health services and as such the challenges experienced within the family may not have been captured by studies reporting only clinical samples.

There were many examples of crises within adoptive families, associated with the complexity of mental health difficulties reported. One family discussed their adopted child absconding due to difficulties related to her past trauma (Atkinson & Gonet, 2007). Further difficulties reported by adoptive families included risk-taking behaviours, involvement in crime, social adjustment problems, school related issues and difficulties bonding with the child (Atkinson & Gonet, 2007; Burke et al., 2015). This indicates that the mental health diagnoses given to adoptive children reflect the impact of past trauma on the child's functioning. However, receiving a diagnosis does not necessarily lead to timely assessment and intervention because the child's behavioural presentation continues to impact on the family and can result in crisis.

Physical and verbal aggression presented as a challenge for many adoptive parents. Only Selwyn and Meakings (2015c) explored patterns associated with adolescent to parent violence, however this study received good quality ratings and reported a large sample size of in-depth interviews. Two patterns were identified: early onset (prior to puberty), and a more rapid and intense experience of escalating violence in adolescence (Selwyn & Meakings, 2015c). Of significance, all adoptive placements characterised by late onset adolescent to parent violence had disrupted compared to 43% of early onset families (Selwyn & Meakings, 2015c). The authors suggest that the late onset pattern was associated with drastically increasing frequency and intensity of aggression, which had not been experienced earlier in the adoption, whereas the early onset group had a more gradual development of aggression. The rate and intensity of aggression experienced within the late onset group may in part explain the higher rate of disruption. This seems to link to research identifying that later placed children experience increased rates of adoption disruption (1.3.1.1.2).

1.3.1.1.2 Child demographic variables

Numerous studies reported that child demographic variables are associated with increased challenges within the adoptive family. Hussey et al. (2012) replicated a consistent finding that children adopted in later childhood (referred to as 'later placed'), and children with experience of sexual abuse reported increased rates of mental health problems. It could be deduced that this cohort of later placed children are at increased risk of challenging behaviours because of the research reporting the impact of trauma on mental health difficulties and challenging behaviours (1.3.1.1.1). In a large and rigorous study, Hussey et al. (2012) also proposed that later placed children may reflect the process of 'selective attrition' whereby older children placed later were also the children with the most severe emotional and behavioural problems. Similarly, children who had had a greater number of placements prior to adoption also predicted the presence of mental health diagnosis (Hussey et al., 2012). In a more complex area, males were reported to be at higher risk of experiencing mental health difficulties; whilst this is supported by previous research, there is limited rationale offered to support the finding (Hussey et al., 2012). Orsi (2015) identified interactions among parent age, child age and adoptive parent relationship. Younger children experienced higher rates of disruption with older adoptive parents whereas older children experienced higher rates of adoption disruption with younger parents. Whilst this study recruited a large sample size, it did not employ an in-depth approach. The authors did not report any discussion around this result therefore it is unclear why parent age and child age interact in this way.

Hussey et al. (2012) investigated mental health symptomology of adoptive children in regards to ethnicity. However, the authors cautioned against drawing conclusions from the findings that adopted children of white ethnicity experience elevated rates of mental health diagnoses. The authors contextualised this by noting the wealth and complexity of broader studies exploring the relationship between ethnicity and mental health diagnoses – indicating that this area is by no means conclusive. Orsi (2015) also proposed that there is a complex relationship between ethnicity and adoptive parent and child relationship. However, vitally it was reported that the research did not support the notion that ethnic match has implications for adoption success. Although for specific ethnic groups (i.e. Hispanic) there was evidence to the contrary (i.e. that ethnic match is important for adoptive placement success), this would require further exploration.

1.3.1.1.3 Adoptive parent history and emotional experience

Another key finding emergent in the literature concerned the psychological impact of the child's trauma history (1.3.1.1.1) and mental health symptomology (1.3.1.1.2) on adoptive parents. Some parents noted the emotional impact: "you get frustrated, irritated, and you feel alone" (Bryan et al., 2010, p.99). Further, some parents reported that the complexity of the child's behaviour limited their means of coping: "at times her behaviour was so bad we couldn't go on any vacation" (Atkinson & Gonet, 2007, p. 94). Other studies have identified difficult emotions in relation to the child's behaviours, for example in terms of adolescent to adoptive parent violence, some parents reported their experience was that the child was gaining a sense of pleasure from control and domination – which indicates a difficult interpersonal emotional experience for adoptive parents (Selwyn & Meakings, 2015c).

The trauma history of adopted children has been presented as a theme, however there has been significant discussion within the literature about the specific impact of child sexual abuse (CSA) on adoptive families. It is proposed that adoptive parent commitment to the adoption might be jeopardised by the emotional and behavioural impact of pre-adoption CSA (Nalavany et al., 2008). Children with CSA backgrounds may experience increased difficulties in maintaining healthy relationships with adoptive parents which may influence the success of the adoption. However, other studies reviewed here propose a complex combination of factors that are likely to influence adoption success including the adoptive parents' history. In studies exploring adoptive parents' attachment style, those parents with "threads of insecurity" experienced challenges to their self-reliance and independence, which made help-seeking and disclosing problems within the family home difficult (Dunkelberg, 2008; Harkins, 2014). Similarly, utilising a large sample size, Harkins (2014) reported that adopted parents' previous experiences, including parenting style and trauma history, influenced the challenges experienced within families, and overall impacted adoption disruption. Harkins reported that adoptive parents with high scores on ratings of anxious attachment style were less likely to have successful adoptions. It was suggested that this may be explained because parents operating from an anxious attachment style were less able to maintain an accessible and responsive parenting style, and may in time develop negative cycles of interaction with the adoptive child. Both studies by Dunkelberg (2008) and Harkins (2014) were unpublished doctoral

theses which may limit the conclusions that can be drawn, particularly as the Dunkelberg paper reports on a relatively small sample size.

1.3.1.1.4 Guilt, shame and stigma

This theme pertains to the experience of guilt, shame and stigma in relation to parenting an adopted child. Some studies identified multiple stigmas including parenting a "badly behaved child" (Selwyn & Meakings, 2015c, p.1236); experiencing fear of a child which might be difficult for others to understand; and shame around considering the difficulties of parenting a child with whom the parent has been "entrusted" (Selwyn & Meakings, 2015c, p.1236). Using a case study design, Burke et al. (2015) reported adoptive parents' experience of guilt and shame, with concerns that earlier life decisions made within the adoptive family had contributed to the child's behavioural difficulties in later childhood.

In a novel and in-depth U.K study, Selwyn and Meakings (2015b) reported on the role of odour in early bonding. Families who had experienced or were at risk of disruption had reported that adoptive child odour affected the bonding process between mother and child. In this way odour was proposed to be a challenging reminder of the child's early experiences. Of note, adoptive families disclosed that the barriers to talking about odour strongly linked to embarrassment and shame about having negative feelings or thoughts towards the adopted child. This meant that the topic was not talked freely about. Replication of this study (Selwyn & Meakings, 2015b) could provide strengthened links to the experience of shame, although would be limited by the lack of detail regarding the process of analysis in this study. Similarly, in the area of post-adoption depression, McEnany (2008) reported stigma associated with disclosing difficult emotions in relation to adopting the child (i.e. irritability and low mood).

1.3.1.1.5 Challenges to expectations

Research indicates that in a variety of ways adoption can present with challenges that were unexpected. Using a case study design, McEnany (2008) identified post-adoption depression as a specific yet under-researched area of challenge within adoptive families. An adoptive mother noted: "though I have a history of depression, I wish I'd been better prepared for depression (after adoption) as

a possibility, but it just not something I'd never heard of prior to experiencing it" (McEnany, 2008, p.1.). The experience of post-adoption depression was characterised by isolation, low mood, irritability and anger – conflicting with the anticipated experience of finally adopting a sought for child. Although this study provides an in-depth account of post-adoption depression, which is reported to be minimally researched or understood, the findings are limited by lack of clarity around the methodology including sample recruitment and data analysis.

Some parents were disappointed or surprised by their experiences. Bryan et al. (2010) reported that around half of their sample found the experience of adopting to be more difficult than expected. Whilst Nalavany (2008) identified adoptive parents' dissatisfaction with the adoption experience, other families have described a learning process, with one participant summarising: "the issues are not gone; they never will be, we learned. But now we have the armour to get through; we feel better equipped to take on the challenges coming to us" (Atkinson & Gonet, 2007, p. 98).

1.3.1.1.6 Summary

Overall, a combination of sample sizes and varied methodological approaches provided a wealth of literature converging on a number of related and overlapping factors that contribute to challenging adoptive placements. Often, the experience of challenging behaviours that escalate and intensify into adolescence places significant pressures on the adoptive families' capacity and resources. Some families reported challenges to their expectations. Other research focused on the role of the adoptive parent, and reported the significance of their attachment style, which interacts with the behavioural presentation of the adopted child. Of note, identified from a variety of studies was the experience of shame, guilt or stigma around particularly difficult factors such as child to parent violence and bonding.

1.3.1.2 Protective factors reported by adoptive families

Although this systematic literature review reports on challenges and crises within adoptive families, an emergent finding pertains to the importance of protective factors. Some authors reported that protective factors can assist understanding around how to support families in crisis and were therefore considered to be relevant to this

systematic review. Two themes in this area, namely: training, networks, support and developing capacity and coping are discussed.

1.3.1.2.1 Training, networks and support

The impact of systemic issues on family life was evident within the literature, including difficulties interacting with schools (Atkinson & Gonet, 2007). Navigating systems has also appeared as a theme but within a positive context, whereby it emerged from the literature that training, support groups and networks were a key protective factor in managing systemic issues. Meetings with the fostering agency were reported to be a primary source of information (Bryan et al., 2010). The role of training is broadly suggested to help adoptive families to stay stable and to help families in crisis by providing on-going support post-adoption (Atkinson & Gonet, 2007; Bryan et al., 2010). Of significance within one study was the availability of 'adoption competent practitioners', who can provide support and supervision to at risk families (Burke et al., 2010). Although an unpublished doctoral thesis, Hudspeth (2009) supports other research within the area of networking and support. The mixed-methods study provides a framework to highlight the results of correlational analysis, particularly noting that religion and spirituality, community support, strong family bonding and attachment are significant to mitigating the challenges within adoptive families. Whilst some characteristics related to the child are also reported (specifically, older children as problematic), this study provides a good quality report on protective factors that are important to adoption success.

1.3.1.2.2 Developing capacity and coping

Some participants reported that challenges continue throughout the adoptive placement, because the children experience ongoing problems. However, it is the ability of the parent to learn how to cope, adapt, and continue to understand challenges that contributes to adoption permanency (Atkinson & Gonet, 2007). Some adoptive parents reported that despite significant difficulties in relationships with their adoptive children, the challenges had contributed to a sense of being better parents (Dunkelberg, 2008). Thus, this study recommended understanding the adoptive parent's attachment style and increasing adoptive parent reflective functioning – potential benefits include greater capacity to engage with the support that is offered as well as impacting the quality of the relationship with the adopted child. Although

Dunkelberg's study is an unpublished thesis, the clinical implications and recommendations for future research are contextualised well within the cited literature. Some of this support might be targeted to adoptive parents in identifying and working on their own trauma history (Orsi, 2015). Given that Selwyn & Meakings (2015c) have noted the experience of adolescent to adoptive parent violence, including intimidation, control, domination and fear, it is pertinent to suggest that adoptive parents might also experience vicarious trauma and for some parents this may compound or interact with their own pre-adoption experience of trauma.

1.3.1.2.3 Summary

Two of the retained studies in part attempted to evaluate their support to adoptive families, therefore the literature reviewed provided a small narrative about 'what works' in adoptive families. Of the studies reporting on the protective or helpful factors, training, support groups and networks were identified as important. Some parents did identify positive aspects to having experienced adoptive placement challenges or crisis. Other research focused on targeting resources to the adoptive parents, in order to understand their attachment style and the impact this has on the relationship with the adopted child. Overall, this indicates the significance of adoptive parent qualities within the areas of adjustment, reflective functioning and capacity to engage with support.

1.4 Discussion

The aim of this systematic review was to synthesise and critically appraise literature that explored the challenges experienced by adoptive families. Attention was given to the difficulties that limited adoption success. An emergent finding also identified factors that might offer protective qualities. The literature reveals a complex picture due to a myriad of factors that interact and contribute to crisis within adoptive families.

Interestingly, some studies sought to explore the interpersonal relationships that are established within adoptive families, and are sometimes damaged during the course of child development. Thus extending other studies reviewed here and some previous literature that has explored parent and child factors in isolation. Specifically, within the literature reviewed, a diverse range of studies identified that guilt, shame

and stigma were experienced by adoptive parents in response to their own parenting capacity, their child's challenging behaviours, and their own emotional experiences. Shame is referred to as a 'moral' or 'self-conscious' emotion, due to the negative evaluation of self. This often involves the perception of self as bad, unworthy or inferior (Tangney, 1995). Research exploring the experience of maternal shame and guilt within the non-adoptive population highlights the negative impact of shame due to the tendency to withdraw, minimise, conceal or deny problems, and a proposed vulnerability to emotional disorders, all of which may act as barriers to help-seeking (Dunford & Granger, 2017). This indicates that parents reporting shame with regards to odour preventing bonding to the adoptive parent (Selwyn & Meakings, 2015b), adolescent to adoptive parent violence (Selwyn & Meakings, 2015c), and post-adoption depression (McEnany, 2008) may be at higher risk of the vulnerabilities identified above. Authors report that 'victim blaming attitudes' exist towards parents experiencing challenging behaviours perpetrated by a child. Holt (2016) reported notions that adolescent to parent violence (APV) is minimised by societal myths such as APV is "not a serious crime", "victims are responsible for their victimisation", and a culture of blaming parents compounded by the construction of adolescence as a time for 'acting out'. These narratives may be intensified in adoptive families as adoptive parents have often navigated a long and difficult journey towards parenthood. Often this involves an intrusive process whereby the parents are assessed for their suitability and capability to adopt. Acknowledging difficulties within this context may come with an additional layer of shame.

Two studies also specifically reported protective factors; coping, adapting and understanding were important to families. Hudspeth (2009) reported religion and spirituality to be important to adoption success as part of a framework of factors found to help. This study adds credibility to the importance of studying protective factors due to the triangulation of methods employed and good quality indicators. There is a notion presented within studies reviewed here that parent reflective functioning is vital in responding to challenges associated with adoption (Atkinson & Gonet, 2007; Bryan et al., 2010; Burke et al., 2010). This is consistent with research that reports families less able to maintain this reflective capacity are less likely to seek help given individuals prone to shame often have an internal focus of attention (Tangney & Sarason, 1991). This is also consistent with the broader attachment literature reporting on reflective functioning. Reflective functioning defines the psychological capacity to

perceive and understand the self in terms of the mental state of another, allowing the individual to create meaning (Fonagy, Gergely, & Target, 2007). It is reasonable to suggest if this capacity is reduced, challenges within the adoptive home may increase.

Rather than lacking reflective functioning, some studies highlighted adoptive parents' experience of intense negative emotions as a result of controlling and dominating behaviours displayed by the child. Some parents considered that the intention had been to cause humiliation or fear (Selwyn & Meakings, 2015c). Although not explicitly labelled within the literature reviewed, it might be reasonable to suggest that some of these adoptive parents will experience some symptoms consistent with vicarious trauma or PTSD. Previous research focused on APV in biological families noted the 'compound effect'; in this way the caregiver and child are traumatised so that the symptomatic behaviour of each individual exacerbates the other (Scheeringa & Zeanah, 2001). It is identified within some of the studies reviewed that adoptive parents' capacity to understand and respond to challenges is related to their own developmental history and model of attachment (Dunkelberg, 2008; Harkins, 2014). Thus the wider literature provides scope to extend those findings through suggesting that capacity to respond to challenges may also be compromised by adoptive parent emotional experience.

The adverse consequences of managing challenges and crisis on adoptive homes were well documented across the literature reviewed. Yet the theme encapsulating adoptive parents' disclosures of positive changes, such as the skills they had acquired and the accompanying sense of achievement notwithstanding the challenges they had experienced, was less developed. Post-traumatic growth is well reported within the wider literature and is proposed to encompass a number of domains: 'new possibilities', appreciation of life', 'personal strength', 'relating to others' and 'spiritual change' (Tedeschi & Calhoun, 2004). This theme is supported by articles sampling parents of non-adopted children. One such study reported that parents of children with autism developed a realisation that their child would not develop typically. This led to enrichment, new insights and development of a greater sense of strength (Zhang, Yan, Barriball, While & Liu, 2015).

Consistent with the wider literature, studies reviewed here highlighted the significance of attachment on child functioning. Research consistently indicates that parental sensitivity and support in the adoptive home exert a profound influence on the

future social and emotional functioning of the child (Beijersbergen, Juffer & Bakermans-Kranenburg & vanIJzendoorn, 2012). Parents with an anxious attachment style may avoid discussion about negative experiences, and difficult emotions are likely to be unarticulated (Hesse, 2008). Three studies reviewed here reported on the impact of parent attachment style on challenges within the adoptive home. In line with previous research, anxious attachment styles were less likely to be associated with support-seeking (Jones, Cassidy & Shaver, 2015). This recent review of the literature (focused on non-adoptive parents) identified that a lack of security in attachment was associated with a lesser ability to manage stressors related to parenting, maintained by processes such as 'distancing' from the problem (Jones et al., 2015). It is prudent to note the potential to draw a link between attachment style, reflective functioning and shame related processes (denial, minimisation and concealment of difficulties) as discussed above. However, this also highlights potential difficulties in elucidating the differences or overlap between the impact of parent attachment style, one's fluctuating capacity to perceive and make sense of the self in relation to another, and the influence of shame, guilt and stigma.

Coakley and Berrick (2007) reported that although an increased incidence of male adoption disruption rate featured as a trend in their review of the literature, it was not conclusive. It is interesting that over a decade later, this remains to be a 'trend' rather than rationale supported by the available research. It seems unclear why males may present increased challenges in adoptive placements and may therefore be at increased risk of adoption placement disruption. However, research suggests that males are more likely to be perpetrators of adolescent to parent violence (Holt, 2016). Wider literature exploring trends in adolescent violence (not specifically towards parents), has reported that aggression can be both physical and social, that is non-physical acts such as gossiping, alienation of peers and threats (Archer & Coyne, 2005). Karriker-Jaffe, Foshee, Ennett and Suchindran (2008) reported that physical aggression was more likely to be negatively sanctioned by peers when perpetrated by adolescent girls compared to adolescent boys. Further, adolescent girls were more likely to perpetrate social aggression. Both points may support the understanding of sex differences in adolescent violence (Karriker-Jaffe et al., 2008). Overall, strands of research within the broader area of adolescent violence may support our understanding of male disruption rate but would require significant research investment.

There are some contradictions to findings presented by the previous systematic review. Coakley and Berrick (2007) reviewed several studies that reported the amount of time spent in out-of-home care was not associated with increased adoption disruption rates. In contrast, the present review noted that later placed children and children who had experienced more placement moves pre-adoption were more likely to experience disruption. This may represent a development in understanding within the literature - it is not that children have been "out of home" that increases the likelihood of disruption, rather what has happened to them during this time.

1.4.1 Research implications

The value of the existing studies is that they clearly point towards the direction for future exploration (Coakley & Berrick, 2007). Commitment, fitting in with the family, and being a family were reported to be markers of successful adoptions indicating that the absence of challenge, crisis or disruption may be a simplistic measure (Wright & Flynn, 2006). Thus future studies may benefit from considering research within the areas of coping, strength, resilience and traumatic growth models.

Whilst the processes maintaining shame-proneness can be deduced from the existing research on maternal adjustment to parenthood, it is also clear that adoption often adds an additional layer of complexity to what is reported about normal development and interpersonal processes. Further, it is unclear how shame, attachment and reflective functioning might overlap. The U.K. government is targeting support to services for adoptive families (Department for Education, 2016). However, if adoptive parents with anxious attachment styles or who are prone to shame are least likely to seek help, then the support may be misplaced away from the families with long-standing challenges. Future research should focus on delineating the experience of shame, reflective functioning and anxious attachment. Further, researchers should consider ways to maximise recruitment from community samples specifically targeting adoptive parents who might be considered 'hard to reach'. One such example concerns the Adoption Support Fund (ASF), which was established by the UK government in 2015 as a means to allocate funding for a variety of therapeutic interventions to adoptive families (Department for Education, 2018). An explorative account of adoptive parents' experience of adoption disruption in the absence of access to the ASF could identify recommendations regarding maximising accessibility.

It is of note that the theme of guilt, shame and stigma experienced by adoptive parents was elucidated through content analysis of the in-depth explorative qualitative or mixed methods studies. A particular weakness of some qualitative studies reviewed here was the lack of clarity regarding the research methodology. Future studies would benefit from developing stringent and clearly defined research protocols.

The focus across the literature and therefore within the present review has been on adoptive mothers. Even within the wider literature, little is reported about paternal feelings of shame and guilt and how this may relate to attitudes towards help seeking (Dunford & Granger, 2017). It would be beneficial to consider the merits of systematically reviewing fathers' experiences of challenges in adoptive homes.

1.4.2 Clinical implications

Parenthood is unequivocally demanding – yet this review highlights that adoption can be characterised by additional and unique challenges resulting in sometimes emotionally overwhelming and potentially distressing experiences. It is possible to make recommendations for a variety of services that could reduce the probability of adoption disruption. Firstly, psychoeducation prior to adoption may better prepare parents who reported that adoption had challenged their expectations. As well as introducing factors such as post-adoption depression and parental odour, practitioners might also highlight the importance of protective factors.

The literature indicates that some parents identified ways of managing, mainly within the area of post-traumatic growth. Given this finding and the research identifying the intrinsic role of the adoptive parents' attachment style on child functioning, attachment focused therapeutic models and approaches that draw on individual strengths may be usefully applied (Kerr & Cossar, 2014). Interpersonal processes have been reported as imperative to understanding challenges within adoptive families. This indicates support for psychological approaches that strongly emphasise the context of the problems that lead to crisis rather than therapies that solely focus on adopted child behavioural presentation (Golding, 2007). It is notable that despite the increased prevalence of varied psychiatric diagnoses compared to non-adopted counterparts, challenges remain. Services may benefit from reviewing the rate at which assessment (including diagnoses) converts to timely and appropriate intervention. This may better indicate which families 'fall through the gap'.

Importantly, shame can be debilitating and prevent engagement with therapeutic intervention (Lee & James, 2012). Societal stigma may be slow to change but psychologists can offer a non-judgmental and accepting environment from which to process difficulties and intervene. NHS clinicians in community child and adolescent services can work systemically, adopting the role of coordinator within complex systems. This could be helpful to families who reported difficulties in navigating systems and barriers to intervention. Further, developing parental support groups both online and in communities might offer an important source of connection, particularly for families yet to disclose events experienced as shameful. Given that adoptive parents experience of violence may be minimised by factors such as victim blaming attitudes and societal narratives, practitioners may benefit from training aimed at raising awareness through highlighting the arguably misunderstood and sometimes overlooked nature of adolescent to parent violence (PAC-UK, 2018). Awareness regarding post-adoption depression may be most successfully targeted at primary care professionals who are considered the gateway to specialist mental health services.

1.4.3 Limitations

Eighty-five percent of the studies reviewed sampled American adoptive families. The credibility of the recommendations at a policy level could be improved if research reflected the experiences of adoptive families in the UK. Four of the studies reviewed are unpublished doctoral thesis, with some poor quality indicators for methodology noted. Where indicated this has limited some of the conclusions drawn. Where findings have been indicated as tentative, replication with increased rigour under peer review would strengthen understanding within this area.

It is argued that issues and themes arising from systematic reviews utilising thematic approaches are associated with a lack of transparency (Pope et al., 2007). Although the present review clearly outlined the analysis steps taken, and specific sensitivity has been given to highlight the tentative nature of some themes and conclusions drawn, further research and systematic reviews are required to support the findings reported here.

The limited and emergent findings relating to protective qualities led to a richer discussion regarding the often complex nature of adoptive family life. However,

it is reasonable to suggest that there may be an existing body of research that specifically explores and further expands upon protective qualities that are not represented in the present review due the focus on challenge and crisis. This further supports the recommendation for a systematic review of the literature concerning protective factors.

1.5 Conclusion

This review identified an emergent link between shame related processes, attachment style and reflective functioning. Overall those factors are proposed to influence help-seeking, although further research is required to understand and potentially strengthen those links. Increased research in this area would likely support policy development, particularly as adoptive families most in need of support may not seek it. Further, this review continues to highlight the importance of research into male gender as conferring increased risk of adoptive placement disruption, particularly in the area of adolescent to adoptive parent violence. Of note, clinical implications include models of therapeutic input that recognise resilience and strength within adoptive families. Fundamentally, adoptive parents require an open, non-judgmental approach.

References

About adoption (n.d). Retrieved from http://www.adoptionuk.org/about-adoption

A child's legal rights. *Legal definitions (n.d)*. Retrieved from https://www.nspcc.org.uk/preventing-abuse/child-protection- system/legal-definition-child-rights-law/legal-definitions/

Adams, J., Hillier-Brown, F., Moore, H., Lake, A., Araujo-Soares, V., White, M., & Summerbell, C. (2016). Searching and synthesising 'grey literature' and 'grey information' in public health: Critical reflections on three case studies. *Systematic Reviews, 5*, 1-11. https://doi.org/10.1186/s13643-016-0337-y

Altman, D. G. (1991). *Practical statistics for medical research.* London: Chapman & Hall.

Archer, J., & Coyne, S. M. (2005). An integrated review of indirect, relational, and social aggression. *Personality and Social Psychology Review*, *9*(3), 212-230.

Atkinson, A., & Gonet, P. (2007). Strengthening adoption practice, listening to adoptive families. *Child Welfare, 86*(2), 87-104.

Beijersbergen, M., Juffer, F., Bakermans-Kranenburg, M., & Van IJzendoorn, M.H.

(2012). Remaining or becoming secure: Parental sensitive support predicts attachment continuity from infancy to adolescence in a longitudinal adoption study. *Developmental Psychology, 48*(5), 1277-1282

Brodzinsky, D. (1987). Adjustment to adoption: A psychosocial perspective. *Clinical Psychology Review, 7*(1), 25-47.

Brodzinsky, D. (1993). Long-Term Outcomes in Adoption. *The Future of Children, 3*(1), 153-166.

Bryan, V., Flaherty, C., & Saunders, C. (2010). Supporting adoptive families: Participant perceptions of a statewide peer mentoring and support program. *Journal of Public Child Welfare, 4*(1), 91-112.

Burke, R.V., The Prevention Group Research Team., Schlueter, C., Vandercoy, J., & Authier, K.J. (2015). Post-adoption services for families at risk of dissolution: A case study describing two families' experiences. *Clinical Case Studies, 14*(4), 291-306.

Coakley, J. F., & Berrick, J.D. (2007). Research review. In a rush to permanency: Preventing adoption disruption. *Child & Family Social Work, 13*(1), 101-112.

Department for Education. (2016). *Adoption: A vision for change.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/512826/Adoption_Policy_Paper_30_March_2016.pdf

Department for Education (2018). *What is the Adoption Support Fund?* Retrieved from http://www.adoptionsupportfund.co.uk

Dundar, Y., & Fleeman, N. (2014). Developing my search strategy and applying inclusion criteria. In A. Boland., G. Cherry., & R. Dickson. (Eds.) *Doing a systematic literature review: a student's guide* (pp. 35-60). London: Sage.

Dunford, E., & Granger, C. (2017). Maternal guilt and shame: Relationship to postnatal depression and attitudes towards help-seeking. *Journal of Child and Family Studies, 26*(6), 1692-1701.

Dunkelberg, R.L. (2008). *Attachment theory and the experience of parents who adopted children with pre-adoptive histories of abuse: A qualitative study of intact placements* (Unpublished doctoral dissertation). Alliant International University, USA.

Erickson, M.D. (2012). *Disrupted adoptions, contributing factors and intervention techniques* (Unpublished doctoral dissertation). Alliant International University, USA.

Evans, D. (2002). Database searches for qualitative research. *Journal of the Medical Library Association, 90*(3), 290-3.

Fonagy, P., Gergely, G., & Target, M. (2007). The parent-infant dyad and the construction of the subjective self. *Journal of Child Psychology and Psychiatry, 48,* 288–328.

Golding, K. (2007). Attachment theory as a support for foster carers and adoptive parents. *Adoption & Fostering, 31*(2), 77-79.

Grotevant, H. (1997). Identity Processes. *Journal of Adolescent Research, 12*(3), 354-357.

Harkins, C.A. (2014). *The relationship between adoptive parent's attachment and parenting styles on adoption outcomes* (Unpublished doctoral dissertation). Alliant International University, USA.

Hartling, L., Hamm, M., & Milne, A. (2012). *Validity and inter-rater reliability testing of quality assessment instruments*. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK92293/

Hesse, E. (2008). The Adult Attachment Interview: Protocol, method of analysis, and empirical studies. In J. Cassidy & P. R. Shaver (Eds.) *Handbook of attachment: Theory, research, and clinical applications* (2nd ed., pp. 552-598). New York, NY: Guilford.

Holt, A. (2016). Adolescent-to-parent abuse as a form of domestic violence. *Trauma, Violence, & Abuse, 17*(5), 490-499.

Houston, D.M., & Kramer, L. (2008). Meeting the long-term needs of families who adopt children out of foster care: a three-year follow-up study. *Child Welfare, 87*(4), 145-170.

Hudspeth, D. L. D. (2009). *Adoption disruption, stability, success, and attachment security of adoptive parents* (Unpublished doctoral dissertation). Texas Women's University, USA.

Hussey, D.L., Falletta, L., & Eng, A. (2012). Risk factors for mental health diagnoses among children adopted from the public child welfare system. *Children and Youth Services Review, 34*(10), 2072-2080.

Jones, J., Cassidy, J., & Shaver, P. (2015). Parents' self-reported attachment styles: A review of links with parenting behaviours, emotions, and cognitions. *Personality and Social Psychology Review, 19*(1), 44-76.

Karriker-Jaffe, K. J., Foshee, V. A., Ennett, S. T., & Suchindran, C. (2008). The development of aggression during adolescence: Sex differences in trajectories of physical and social aggression among youth in rural areas. *Journal of abnormal child psychology*, *36*(8), 1227.

Kerr, L., & Cossar, J. (2014). Attachment interventions with foster and adoptive parents: a systematic review. *Child Abuse Review*, *23*(6), 426-439.

Kmet, L. M., Lee, R. C., & Cook, L. S. (2004). Standard for quality assessment criteria for evaluating primary research papers from a variety of fields. *HTA Initiative, 13*.

Kuper, A., Lingard, L., & Levinson, W. (2008). Critically appraising qualitative

research. *British Medical Journal, 337*(7671), 687.

Lee, D., & James, S. (2012). *The compassionate mind approach to recovering from trauma. Using compassion focused therapy* (2nd ed.). London: Robinson.

Levy-Shiff, R. (2001). Psychological adjustment of adoptees in adulthood: family environment and adoption-related correlates. *International Journal of Behavioural Development, 25*(2), 97-104.

McEnany, E.H. (2008). *Theoretical study of post-adoption depression* (Unpublished doctoral thesis). Massachusetts School of Professional Psychology, USA.

Nalavany, B. A., Glidden, L. M., & Ryan, S. D. (2009). Parental satisfaction in the adoption of children with learning disorders: the role of behaviour problems. *Family Relations, 58*(5), 621-633.

Nalavany, B.A., Ryan, S.D., Howard, J.A. & Smith. S.L. (2008). Pre-adoptive child sexual abuse as a predictor of moves in care, adoption disruptions, and inconsistent adoptive parent commitment. *Child Abuse & Neglect, 32*(12), 1084-1088.

Orsi, R. (2015). Predicting re-involvement for children adopted out of a public child welfare system. *Child Abuse & Neglect, 39*, 175.

PAC-UK (2018). *Child to parent violence services.* Retrieved from https://www.pac-uk.org/cpv/

Palacios, J., & Brodzinsky, D. (2010). Adoption research: Trends, topics, outcomes. *International Journal of Behavioural Development, 34*(3) 270–284.

Perestelo- Perez, L. (2013). Standards on how to develop and report systematic reviews in psychology and health. *International Journal of Clinical and Health Psychology, 12,* 49-57.

Pope, C., Popay, J., & Mays, N. (2007). *Synthesising qualitative and quantitative health research: a guide to methods.* Berkshire: Open University Press.

Rutter, M. (2000). Children in substitute care: some conceptual considerations and research implications. *Children and Youth Services Review, 22*(9), 685-703.

Scheeringa, M., & Zeanah, C. (2001). A relational perspective on PTSD in early childhood. *Journal of Traumatic Stress, 14*(4), 799-815.

Selwyn, J., & Meakings, S. (2015a). *Beyond the Adoption Order (Wales): Discord and disruption. Report to the Welsh Government*. Retrieved from http://gov.wales/docs/dhss/publications/150603adoptionreporten.pdf

Selwyn, J., & Meakings, S. (2015b). 'She just didn't smell right!' Odour and adoptive family life. *Adoption & Fostering, 39*(4), 294-302.

Selwyn, J., & Meakings, S. (2015c). Adolescent-to-parent violence in adoptive

families. *British Journal of Social Work, 46*(5), 1224-1240.

Selwyn, J., Meakings, S. & Wijedasa, D. (2015). *Beyond the Adoption Order: Challenges, interventions and disruption*. London: BAAF.

Simmel, C. (2007). Risk and protective factors contributing to the longitudinal psychosocial well-being of adopted foster children. *Journal of Emotional and Behavioural Disorders, 15*(4), 237-249.

Smith, D., & Brodzinsky, D. (1994). Stress and coping in adopted children: a developmental study. *Journal of Clinical Child Psychology, 23*(1), 91-99.

Tangney, J. P. (1995). Shame and guilt in interpersonal relationships. In J. P. Tangney *&* K. W. Fischer (Eds.) *Self-conscious emotions: shame, guilt, embarrassment, and pride* (pp. 114-139). New York, NY: Guilford Press.

Tangney, J., & Sarason, I.G. (1991). Moral affect: the good, the bad, and the ugly. *Journal of Personality and Social Psychology, 61*(4), 598-607.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1-18

Tickle, L. (2013, June). Where's the post-adoption support for traumatised children? *The Guardian*. Retrieved from https://www.theguardian.com/social-carenetwork/2013/jun/24/post-adoption-support-traumatised-children

Van Den Dries, L., Juffer, F., Van Ijzendoorn, M.H., & Bakermans-Kranenburg. M.J. (2009). Fostering security? A meta-analysis of attachment in adopted children. *Children and Youth Services Review, 31*(3), 410-421.

Wright, L., & Flynn, C. C. (2006). Adolescent adoption: Success despite challenges. *Children and Youth Services Review*, *28*(5), 487-510.

Zhang, W., Yan, T.T., Barriball, L.K., While, A.E., & Liu, X.H. (2015). Post-traumatic growth in mothers of children with autism: a phenomenological study. *Autism, 19*(1), 44-76.

Chapter 2. Empirical Paper

When foster placements end: Exploring foster carers' experience of adolescent foster placement breakdown.

Overall chapter word count (excluding tables and references): 8415.

2. Abstract

Aims: Foster carers experience the rewards and challenges of parenting vulnerable and complex adolescents – some of these foster placements break down. Compared to research into the impact of placement breakdown on looked after children (LAC), there are relatively limited reports on foster carer experience. The aim of the present study was to provide an exploratory account of foster carers' lived experience of adolescent placement breakdown. *Methods.* Nine participants from seven foster families were recruited. Semi-structured interviews were conducted and analysed within an Interpretative Phenomenological Analysis (IPA) framework. *Results.* Through exploration of foster carer lived experience, four superordinate themes were identified: 'a separate world', 'baggage', 'emotional aftermath' and '"we're only human'". *Conclusions.* Following placement breakdown, foster carers identified varied emotions including joy, relief and sadness. A grieving process was also identified which involved coming to terms with loss and accepting the termination of the relationship. The engrossing nature of fostering can undermine help-seeking, which is particularly detrimental given that this study suggests foster carers are also likely to experience shame and guilt as a consequence of placement breakdown.

Key words

Foster placement, breakdown, challenges, phenomenological.

2.1 Introduction

2. 1.1 Background: Caring for challenging young people

Foster carers have a significant responsibility in looking after vulnerable adolescents. Looked after children (hereafter LAC) enter local authority care when they cannot reside within their existing family arrangement (OFSTED, 2014). The most common care placement is provided by foster carers who offer a family home environment to LAC (Fostering Network, 2016). Whilst foster care placements can offer stability, a sense of belonging and connectedness (Schofield, Beek & Ward, 2012), a significant proportion of these placements break down, resulting in the child moving to another care arrangement (Leathers, 2006; OFSTED, 2016).

Many LAC have experienced inconsistent nurture and caregiving. Within the literature this is often defined as complex trauma – developmental experiences wherein the child is traumatised by their caregiver (Hughes, 2004). Developmentally traumatised children are at higher risk of difficulties within the areas of: attachment, affect regulation, dissociation, cognition, self-concept and behavioural control (Golding, 2007; Van der Kolk, 2017). As a result, it is unsurprising that children in care are four times more likely than their counterparts to experience mental health problems (Bazalgette, Rahilly & Trevelyan, 2015), as well as being at risk of behavioural, social and academic difficulties (Munro & Hardy, 2007) and poorer general health outcomes (Rock, Michelson, Thomson & Day, 2015).

2.1.2 Specific challenges of caring for adolescent LAC

Adolescence is a crucial developmental period and can account significantly for the successfulness of transition into adulthood (Cicchetti & Rogosch, 2002). In the year ending March 2012, the 13 to 17-year-old age range of LAC had the highest annual proportion of 3-5 placement moves (Department for Education, 2013). Farmer, Moyers and Lipscombe (2004) reported that factors related to the foster carers' capacity to parent adolescents, as well as difficulties such as the impact on other children in the family, made fostering adolescents particularly challenging. Further, the pertinence of low self-esteem and a fractured understanding of their earlier life experiences might be key for teenage LAC (Schofield & Beek, 2009). Given the early adversity encountered by LAC, and reports that adolescents experience the highest

frequency of placement breakdown, understanding the impact of caring for this complex cohort is paramount.

2.1.3 Foster carers' experience of placement breakdown

Whilst there is research reporting the negative impact of foster placement breakdown on LAC, there is limited research reporting on the lived experience of foster carers during these difficult times. It has been reported that increased challenging behaviour presented by LAC is significantly associated with an increase in the stress, anxiety and depression experienced by foster carers (Morgan & Baron, 2011). Research has also extended to include factors foster carers consider important to placement success, such as hope, resilience and persistence (Oke, Rostill-Brookes & Larkin, 2011). There is also limited research reporting on the experiences of foster carers after placement breakdown. A recent study did report that some foster carers experience grief when a placement ends and that this impacts upon the choice to stay in the profession (Hebert, Kulkin & McClean, 2013). Findings also indicated that foster carers can become distressed when expectations of foster placements are invalidated (Broady, Stoyles, McMullan, Caputi & Crittenden, 2010). Research into the influence of systemic factors suggests foster carer support is imperative in managing difficult emotions that can arise when a foster child moves out of the home (Samrai, Beinart & Harper, 2011).

2.1.4 Methodological issues and rationale

In a review of the literature, Rock et al. (2015) recommended further research exploring experiences within the foster home environment by differentiating factors such as the child's age and gender. Often studies into foster carer experiences have employed surveys (Hendrix & Ford, 2003), focus groups (MacGregor, Rodger, Cummings & Lescheid, 2006), postal questionnaires (Hudson & Levasseur, 2002) and telephone interviews (Brown & Calder, 2000; Brown & Campbell, 2007). There are limited studies within this area reporting an in-depth exploration into foster carer experience.

Fostering is referred to as the gold standard of care for LAC (OFSTED, 2016). However, the Fostering Network (2016) report that in 2015 12% of foster carers retired or left fostering, whilst the number of LAC increased. Therefore, there is an

increasing pressure to ensure an adequate volume of foster carers, especially for adolescents, where the availability of foster carers is particularly low (Fostering Network, 2016). It is reported that early life adversity and subsequent foster placement breakdowns confer LAC a double disadvantage (Silver, Golding & Roberts, 2015). However, placement stability is not only advantageous for LAC, but for foster carers too. Existing research details the experience of loss and grief when a foster child leaves the foster home (Hebert et al. 2013). Thus it is recognised that an exploration into foster carer experience is required in order to understand, and to intervene to support foster carers to continue fostering.

2.1.5 Study aim

The present study aims to address some of the methodological and research gaps by exploring the following central research question: What are foster carers' experiences of placement breakdown involving LAC placed in later childhood (11-18 years)?

2.2. Methods

2.2.1 Research Design

Qualitative research is underpinned by phenomenology which refers to "the richness and texture of experience which is understood through rich engagement with another person's 'life world'" (Lawthom & Tindall, 2011, p.4). Through exploration of individuals' reflections on and the meaning attributed to their experiences, interpretevism is an epistemological position from which researchers can capture how people make sense of events (Ormston, Spencer, Barnard & Snape, 2013). Interpretative Phenomenological Analysis (IPA, Smith, Flowers & Larkin, 2009) posits humans are "sense-making creatures", this necessitates researching the individual's representation of the experience (Smith et al., 2009, p. 33). The aim of the present study is to understand the meaning that foster carers have of placement breakdown. IPA is applicable to this aim as it has been demonstrated as an appropriate method for exploring a specific context, focused on a sample of people who have significant lived experiences (Brocki & Wearden, 2006; Reid, Flowers & Larkin, 2005).

2.2.2 Participants

IPA challenges the notion that the quality of research is directly related to the number of participants recruited (Reid, et al., 2005). In a review of IPA studies, Smith (2004) reported that studies typically report sample sizes between five and 10. To balance time-specific constraints and the requirement for richness in data, a sample size of seven was recruited.

Table 2.1. Participant inclusion and exclusion criteria

Criteria	Inclusion Criteria	Exclusion Criteria
Population	Registered foster carers who hold approved foster carer status	Kinship carers Special guardians Other care arrangements
Placement breakdown	Foster carer terminated foster placement	Experience of foster placement breakdown outside of foster carers' control Care plan meant placement was intended to be short-term
Time frame	Foster carers with experience of foster placement breakdown within approximately 6 months and 3 years ago. Considered on an individual basis	Short-term placements Placement breakdowns that occurred historically Carers with limited memory of their experience of foster placement breakdown
Gender	Male and female foster carers with experience of male or female placement breakdowns	N/A
Age	Foster child aged 11 or above at the time of the placement breakdown	Experience of placement breakdown involved primary school age children (<11 years)

Existing literature reports core foster carer features that are relevant to the present study (see 2.1.5); thus purposive sampling is relevant as it is a form of non-probability sampling describing a systematic method of specifying and selecting participants from a population consisting of targeted features (Barker, Pistrang & Elliot, 2016; Myers & Hansen, 2011). Inclusion criteria are expanded upon in Table 2.1.

Table 2.2. Participant characteristics

Participant number	Pseudonym	Foster carer age range	Family composition	Years as approved foster carer	Fostering agency type	Child age at time of breakdown
1	Joan	45 - 64	Couple	8	Independent fostering agency	12
2	Christine	45 - 64	Couple	7	Independent fostering agency	14
3	Simon	35 - 44	Couple	6	Independent fostering agency	14
4	David	45 - 64	Couple	7	Independent fostering agency	13
5	Jane	65+	Couple	13	Local authority	15
6	Amanda & John	45-64	Couple	18	Local authority	14
7	Sally & Peter	45 - 64	Couple	20+	Local authority	14 - 18

All identifiable participant information removed to protect anonymity

Participant characteristics can be found in Table 2.2. Participants were invited to engage on their own or with their partner/ spouse. Research participants 6 and 7 chose to engage with their spouses, however have been identified under the same participant heading given that they shared their experiences of the same child, foster home and placement breakdown. Specific consideration was given to the length of time that has passed since the placement broke down. Although there are no differentiating criteria apparent within the literature, reflection may be limited for participants experiencing the emotional valence of a recent placement breakdown. Conversely, details of placement breakdown that occurred a long time ago may have been difficult to recall. The pilot study indicated rigid inclusion criteria in relation to time elapsed since placement breakdown may be unhelpful. As a result, time since placement breakdown was discussed with participants and gatekeepers with a focus on case by case eligibility to meet the study aims.

2.2.3 Procedure

2.2.3.1 Ethical procedure

The existential nature of IPA, that is asking participants to vocalise what happened and their reflections, may in itself be distressing (Pietkiewicz & Smith, 2014). The risk of harm to participants was duly considered when developing and administering the research materials in keeping with The British Psychological Society Code of Human Research Ethics (2014). Ethical approval was sought from Coventry University Ethics, and the fostering agencies' respective research committees / board of directors (Appendix D).

2.2.3.2 Interview procedure

Participants were informed about the purpose and nature of the research, anonymity, confidentiality and withdrawing consent (Appendix E and F). Participants were provided with multiple opportunities to ask questions prior to engaging with the research. Interviews were recorded and transcribed. There was significant focus on building rapport and maintaining an empathic approach to support participants to disclose their experience (Willig, 2013). At the end of the interview, participants were provided with a debriefing sheet and opportunity to debrief (Appendix G).

2.2.3.3 Materials

In keeping with IPA methodology, a semi-structured interview schedule (Appendix H) was designed to afford a space for participants to share their experience and collaboratively provide a rich and reflective account (Reid et al., 2005). The research aims were explored through an interview guide structured around themes delineated from the literature review: expectations of the foster carer (Broady et al., 2010); foster carer experience of forming an attachment to the foster child (Golding, 2007); foster carer views on parenting LAC and their experience of challenges within the placement (Morgan & Baron, 2011); foster carer emotional wellbeing following the placement break down (Edelstein, Burge & Waterman, 2001; Hebert et al., 2013).

2.2.3.4 Pilot study

The research design was piloted through interviewing a married couple with a shared experience of placement breakdown involving a 15-year-old girl (participant code 0). An anonymised transcript of the pilot interview was discussed with the research team. There were no identified points for change found with the interview schedule. Inclusion criteria pertaining to the time elapsed since the breakdown were highlighted for consideration and updated accordingly (see 2.2.2).

Due to the high level of availability required of foster carers, it had been anticipated that the interview would be conducted with individuals, even if in a marital relationship. IPA has been utilised as a methodological approach for sampling couples and groups (i.e. Harris, Pistrang & Barker, 2010; Smith, 2004), thus interviewing couples was deemed to be appropriate. It has been argued that if the researcher supports an interview context wherein both participants feel able to discuss differences without fear of criticism, couple interviews provide an integrated picture of a shared experience, even if participant views differ markedly (Harris et al., 2010). In light of the existing research couples were recruited and interviewed together. The implications of interviewing couples were revisited as part of analysis and during research team discussions.

2.2.3.5 Recruitment

Three fostering organisations (2 independent fostering agencies, 1 local authority) were gatekeepers to participants with the inclusion criteria delineated above. Participants were emailed the information sheet (Appendix E) and offered a telephone conversation to discuss any questions about participation with the principal researcher.

A suitable interview date and time was arranged via telephone with the principal researcher.

2.2.4 Analysis

Data analysis steps have been outlined by Smith et al. (2009; Appendix I). Central to IPA is that data analysis should be focused on verbatim extracts of participant dialogue; Appendix J provides an example (Reid et al., 2005). Across IPA data analysis, the researcher is required to consider the depth of analysis to ensure the data has been understood rather than completing a surface level interpretation (Smith et al., 2009). Appendix K provides an example of in-depth analysis through looking for connections across identified themes. Further, during data analysis the researcher should aim to immerse themselves in the data in order to see things from the participants' point of view (Pietkiewicz & Smith, 2014).

2.2.5 Study credibility

The credibility criteria outlined by Elliot, Fischer and Rennie (1999) are pertinent to qualitative research and have been adhered to. Anonymised transcripts and themes were discussed with researchers with expertise in the area (the research team); queries and corrections were integrated where appropriate. Further, six local authority foster carers attended a group feedback session to check the resonance of the superordinate themes with their experience. These foster carers reported that the initial superordinate themes connected with their experiences of foster placement challenges and breakdown (see Appendix L for example).

2.2.6 Researcher's position

It is acknowledged that the researcher is key to understanding the participants' world and that researcher knowledge, experience and perspective of the investigated phenomenon cannot be entirely separated from the research project (Fischer, 2009). A bracketing interview was conducted prior to data collection in order to offer a curious and non-judgmental space to explore and discuss the researcher's feelings about the area of research. This reflexive process was supported through maintenance of a reflective journal, and reflective discussions within the research supervision team.

2.3 Results

Table 2.3. Superordinate and subordinate themes

Superordinate themes	Subordinate themes
A separate world	Reality check Being 'swallowed up'
Baggage	Emotional rollercoaster Actual and vicarious fear Sticking it out Navigating a broken system
Emotional aftermath	Holding mixed emotions Ripples of loss
"We are only human"	"You've developed, it's different" Meaning making Moving on

Data analysis identified four superordinate themes: a separate world, baggage, emotional aftermath and "we are only human" (Table 2.3). The superordinate themes seem to reflect a journey from starting fostering to placement breakdown. However, given that participants reported a number of factors such as 'sticking it out', self-doubt and some attempts at reunification, the journey does not appear to be a linear one.

2.3.1 A separate world

These themes relate to the psychological, social and practical adjustment associated with embarking on a fostering journey.

2.3.3.1 Reality check

Some participants referred to "reality" in adjusting to fostering:

> And as I said, that was a reality check, it was like woah, we have 3 kids with us.
>
> (Simon, 143 – 144).

This indicates that the tasks required of fostering were anticipated but nevertheless experienced as different. Further, Simon's use of the word "woah" suggests a significant life change. The notion of fostering marking a point in time was supported across the data:

> My day to day life has changed from the minute we started fostering.
>
> (Jane, 455).

Amanda described fostering as "a real eye opener", and in line with this John described a growing awareness of other views:

> She used to, well people used to look at her like she was off another planet. They'd start moving away, the place would start emptying.
>
> (John, 163 – 164).

This implies that adjustment to fostering involved interaction with prominent narratives in society that they had not previously been exposed to. Overall, participants indicated that fostering marked a point at which their lives changed.

2.3.1.2 Being 'swallowed up'

Most participants identified isolation from existing support in their adjustment to fostering. Joan reflected on becoming isolated since beginning fostering:

> A lot of our social life, our friends, dropped off. Because they're not foster carers, so you don't see them much. So I went from working when I'd see 100 people a day to fostering which is quite isolating.
>
> (Joan, 176 – 179).

Similarly, David felt unable to seek support from friends because he worried he was "always moaning". This highlights that perceived separateness to non-foster carers could act as a barrier to seeking support. Entering into fostering did not seem to lead to total isolation, as most participants built social connections with other foster carers

which they found to be helpful. Although, analysis indicates that support outside of fostering is also vital, for example, Amanda described being "so engrossed in this world" that she didn't feel able to take a break. A lack of interaction with non-foster carers seemed to undermine participant ability to notice times when fostering has become engrossing. Some participants explained a disconnection from their partner and therefore their intimate relationships. Joan revisited this throughout her interview:

> We sort of lost each other because the focus was swallowed up by all the displays of anger and stuff like that.
>
> (Joan, 560 – 561).

Joan's use of metaphor, emphasising the process of being "swallowed up", indicates another example of being engrossed by fostering. Joan suggests that her experiences of losing parts of her relationship were out of her control, as being "swallowed up" implies involuntary action. In Jane's context, entering into fostering as the primary caregiver whilst her husband identified as a secondary carer created a sense of separateness from her husband and she identified tensions associated with differing roles. Although all participants were couples, almost all participants identified that being a single carer would be particularly challenging, indicating the significance participants placed on spousal support.

2.3.2 Baggage

'Baggage' concerns the impact on foster carers of caring for young people with developmental trauma backgrounds.

2.3.2.1 Emotional rollercoaster

A marked experience for all but one participant was repeated exposure to aggressive behaviours perpetrated by the young people:

> I have boys who are 15 or 16 and if one of them comes at me with a Stanley knife then I've got to stick up for myself haven't I?
>
> (Jane, 983 – 985).

Jane's question could be rhetorical, a communication of the seriousness of the situation. Participants identified the personal impact of extreme challenging behaviours, for example Jane stated "at the time it nearly sent me off the edge". Consistently it was reported that patterns of difficulties impacted on participants' daily lives and therefore their emotions:

> If you tried to wake her up she would just scream the place down. So when you woke up in the morning you felt… (sigh).
>
> (Joan, 547 – 548).

Joan's sigh indicates being worn down and the personal psychological impact of living with daily challenges. Christine described feeling frustrated by regular coercive behaviours initiated by the foster child, she perceived he wanted to "get on their nerves", and felt this to be linked to his experience of absent parenting in his early years. This indicates incidents of historical experiences living on in the present. Others highlighted that these behaviours evolved, in particular participants noticed the impact of puberty:

> He was changing. He was struggling with his sexuality; he was struggling with puberty.
>
> (Christine, 401 – 403).

It seems that perseverance is required in terms of psychological endurance but also adaptation – managing expectations given that the once positive relationship was changing and no longer the manageable placement it once was.

All foster carers in their reflections indicated understanding behaviour through an attachment focused lens - considering the child's behaviours in light of their trauma. The young person's traumatic history therefore seemed to continue into the foster placement:

> He was probably the most bizarre child I have ever come across but still that says something back from how they were found, what they were drinking and the sexual abuse they had been through.
>
> (Jane, 887 – 889).

Simon described an alternative view, where he thought challenging behaviours could be positive, an example that the young person felt comfortable to show their internal world or to temporarily rupture the relationship. This highlights an attachment to the child and supports the notion that participants approach challenges from an attachment focused perspective by viewing the child's behaviours as a communication rather than simply problematic. Half of participants noted the process of splitting:

> He got it into his head that he would lock my husband in the loft, and me and him live together like a married couple. That's when I said this will have to end. He was almost trying to take over my life.
>
> (Jane, 747 – 750).

Even though Jane contextualised this behaviour in light of the young person's trauma, her explanation provides information about the impact of encompassing her life, isolating her and being a cause of "upset". Notably, Jane identified the splitting behaviour as detrimental to her marital relationship which reinforced the negative impact on her emotional well-being.

The relationship between placement challenges, breakdown, and physical health was explored by four participants, including stomach problems and generally being unwell:

> I wasn't sleeping, I didn't feel well because of how I was trying to deal with everything you know.
>
> (Christine, 716 – 717).

Simon reflected that his family commented that he looked drained and worn out. This suggests a symbiotic relationship between emotional experience in response to parenting traumatised children and their own physical health.

This theme is suggestive of an all-encompassing nature of placement breakdown, wherein the foster carer (emotionally and physically) as well as their family and their home environment is subject to the demands of the foster placement at crisis.

2.3.2.2. Actual and vicarious fear

This theme addresses some participants' worry or fear about allegations founded in real life experience but also for other participants, their concerns based on the experience of others. Simon focused on his own experience of allegations:

> If you fling a lot... then something will stick.
>
> (Simon, 619- 620).

Thus Simon expressed concerns that he would not be believed, similarly, participants contemplated whether this is because of systemic factors:

> We have the thing in this country where you are innocent till proven guilty. When you are a foster carer you are guilty until proven innocent.
>
> (Jane, 507 – 508).

Jane's account like other participants indicates vicarious fear. In this sense, participants connected to their friends who had negative experiences of allegations. A sense of fear is apparent in the recurring nature of allegations within the data. Amanda and John had experienced allegations and described being "suspended and treated like criminals". This legalistic language indicates an experience of being blamed and damned. This theme identifies that participants communicated that as well as not being believed, the process of investigation was simultaneous with a loss of control over one's fate – both of which support the notion of fear.

2.3.2.3 Sticking it out

A strong theme was the negative impact that the above challenges had on daily life. All participants, other than Sally and Peter, described 'enduring' the challenges:

> We stuck it out, stuck it out, stuck it out.
>
> (Amanda, 385).

Amanda's repetition indicates a strength of feeling about how difficult this was. Simon and David also noticed the personal impact of sticking out the placement, feeling

"done in" and stating:

> He did break me down.
>
> (David, 400 – 401).

David's use of the word 'me' implies that by sticking out the placement he was damaged. Within the context of enduring the challenges, Joan introduced the notion of emotional survival:

> I wasn't feeling happy when I was waking up, feeling nervous about how she is going to be when I go and wake her up for school, and the personality I had before sort of started to change and I didn't want to live like that anymore.
>
> (Joan, 255 – 258).

Her explanation implies a position of attempting to hold on but in some ways losing part of herself whilst surrounded by difficulties. Christine reported similar observations but with a focus on her family unit as potentially changed:

> It just came to the point where as a family it would pull us apart, break us up. The atmosphere was <noise mimicking an explosion>.
>
> (Christine, 692 – 694).

Christine's lack of verbal description suggests the repercussion of continuing to 'stick it out' would have been incomprehensible. Simon and David used similar verbalisations, including language such as "like hell" to describe the relentlessness of their fostering role and their home environment as changed:

> The house is miserable. It's miserable coming home, miserable when the child is around.
>
> (David, 488 –490).

Participants identified endurance as a means to cope with challenging behaviours, but this process was akin to emotional survival. Emotional survival facilitated the placement continuing but negatively impacted on themselves, their family unit and

home environment.

2.3.2.4. Navigating a broken system

Many of the challenges experienced by participants required interaction with social work colleagues. Thus it is unsurprising that the role of the social care system featured recurrently throughout all participant accounts. Other than Sally and Peter, all participants reported that they had been misinformed by social care:

> You should not do the job unless you want the child and... that's the big thing isn't it? If they were honest with us, you'd know what you were working with.
>
> (Amanda, 393 – 395).

Amanda's description eludes to being used by the system. This was portrayed by most participants to be a conscious effort by social care, for example David felt that this was a process of attempting to "butter you up I think, to take on the placement" and Simon described being "guilt tripped" into taking a placement. Most participants felt that the young people were not offered timely or appropriate interventions:

> If we had had some intervention earlier on, we wouldn't have had to endure 2 and a half years of major stress. We wouldn't have had that.
>
> (Joan, 448 – 449).

This extract draws attention to an overall sense from the analysis of being let-down - implying that foster children can be failed by the social care system rather than the participant. In this way Jane described the system as "cruel", and the passive nature of her account implies that as a foster carer she feels a small part of a big system.

Some participants reflected on a dilemma - weighing up the impact of the behaviour presented by the young person on their own emotional survival but particularly on other foster children in placement. Christine and Amanda described feeling "stuck in the middle" between the child whose placement was breaking down and the other more settled foster children. Considering their language, it might also be that they were expressing being conflicted on two levels: Firstly, as the content describes about the children in placement but also between their own desire to end the placement and perception of this as 'failure'.

2.3.3 Emotional aftermath

In account of their experiences of foster placement breakdown, participants described a range of immediate difficult feelings and longer-term emotional consequences.

2.3.3.1 Holding mixed emotions

Most participants described feeling relieved accompanied by other difficult emotions. David felt being sad and relieved at the same time represented an "emotional rollercoaster". Joan described relief in not "having all the trauma every day". Similarly, Simon described the relief as grounded in the absence of on-going worry and stress "on me". This emphasises the challenge of carrying the child's baggage on the participants. Most participants described this sense of relief following placement breakdown as a "cruel" and "horrible" thing to say, indicating a sense of shame around positive feelings, as Jane's description highlights:

> Jane: I was overjoyed. I don't mind admitting that.
> Interviewer: Mmm.
> Jane: I am absolutely honest about that, I probably felt the biggest weight had left off and took off my shoulders that I had never been so relieved to see the back of a child.
>
> (Jane, 874 – 880).

Jane's language of "honesty" indicates uncertainty about the acceptability of her feelings. This implies Jane perceived the potential to be criticised but also indicates an internal view of herself as 'wrong' or 'bad' for the admission of those feelings. Christine noted an overall sense of herself as "bad", with increasing reassuring thoughts to herself that she is a "good foster carer" in spite of her decision to end the placement. Simon too noticed that by "admitting defeat", there was an element of questioning his capacity as a foster carer, particularly as he felt judged by others. Similarly, David experienced conflict between looking after his own emotional well-being, and feeling that he had let the young person down, David attempted to reassure himself:

> No one in their right mind would put up with this.
>
> (David, 765 – 766).

Even in this short extract, David indicates he was creating commonality with others as a means to alleviate shame. David also offers this as a statement, suggesting some finality in his reflections, perhaps indicating a long process of circularity of his thinking between blame and reassurance. In spite of feeling relieved, participants also noted sadness:

> It... it broke my heart it really did <pause>. I don't cry often but I did that day. I was crying.
>
> (David, 399).

Using 'heartbroken' as the descriptive word symbolises the experience of placement breakdown as distressing for some participants. David further illuminates this by describing that immediately after the breakdown he was "in a slump", feeling "awful, really awful".

2.3.3.2 Ripples of loss

Most participants identified grief as an emotional consequence to the placement breakdown, either through the labelling of their immediate emotional experience or identifying ripples of 'loss' that continued longer-term. All participants identifying loss reflected that grieving is a process of "getting" over the loss. David identified that his family continue to miss the young person. Joan reflected the same but caveated this with the notion that she copes by focusing primarily on the positive memories. It seems that they serve to remind Joan that she did not fail the young person. Similarly, Simon's grieving process included remembering back to "good times". Most participants talked about how grieving the placement breakdown had led to acceptance. These examples of grief were often identified as being a natural process given the circumstances:

> You get so attached to what you've done, and it's gone. And then it's silence in the house.
>
> (Christine, 226 – 227).

It seemed to resonate with participants that the ending of a close relationship is likely to lead to loss regardless of the circumstances, further indicating the longer-term emotional impact of placement breakdown.

2.3.4 "We're only human"

This theme helps develop understanding of a complex mixture of reflections from across the interviews; the self and the family are changed in light of placement breakdown.

2.3.4.1 "You've developed, it's different"

Some participants contrasted a current view of self to that before fostering. For David, this was from shy and reserved to being increasingly opinionated and vocal about his beliefs. Like other participants, he also reflected that the process has "brought a lot out of him", implying those qualities were always present but had become more prominent following the placement break down. For Jane, it was her husband's reflections that encouraged her to consider how she had changed:

> Years and years back when you first started, fostering was so important that... it was everything but now... you've developed, it's different.
>
> (Jane, 532 – 534).

Jane's extract emphasises the development of the self as a journey, the outcome of which was a reduction in fear. It seems that as for other participants, Jane's personality outside of her professional fostering identity is now more dominant. Simon describes development within his capacity to share his emotions and to receive support. This indicates an acknowledgement of himself as potentially fragile, only recognised as part of his fostering journey. This development was incredibly important to Simon, as he described the opening of opportunities to seek psychological support when the placement ultimately broke down.

2.3.4.2 Meaning making

This theme draws on participants' experiences of making sense of the placement breakdown. Most participants discussed having tried to sustain the placement, reinforcing to themselves that they couldn't have done any more and that as Joan said, they had made "the right decision". Joan developed a meaning of the ending as positive for the young person:

> I'm so proud of ourselves because it could have gone the other way, but we made sure it was positive for her, which meant that we didn't feel as guilty.
>
> (Joan, 735 – 737).

Joan's identification that she acted in the best interests of the young person contrasts with her concurrent guilt. This is characteristic of most participants' meaning making of what happened, supporting the notion of accepting that it had not worked despite lots of effort. However, Jane's narrative about the placement break down is characterised more positively. She referred to the potential long-term benefit of the placement that broke down:

> I think there will always be later on in that kid's life, something that you might have done.
>
> (Jane, 296).

This suggests a view that amongst the distress and difficulties, the placement was still of worth. This might have served as an important protective factor for Jane; perhaps it is particularly damaging to feel one's hard work and investment is worthless or rubbished. David reflected on his experience of being "blamed" and feeling "really small". His meaning making in the aftermath seems to have bolstered his fragile self through accepting that he was not to blame. Jane adds to this interpretation by reflecting that the young person had been so deeply affected by trauma that his "walls had gone up and were never coming down". This seemed to further protect Jane, by identifying the problem not with her but within an unchangeable past. This is strengthened in other extracts:

We are only human you know. I learnt not to beat myself up so much about it.

(Christine, 978 – 979).

By identifying herself as 'human', this emphasises that it was important that Christine came to understand she was not to blame. Further, it seems that Christine has wondered whether she could have done more, and that making meaning involved disentangling herself from unreasonable expectations to be 'superhuman'. Simon reflected that he could not have done any more, but that things could have been different in an "ideal world" – this too links to the notion of readjusting expectations as part of understanding what happened. Overall, meaning making appeared to appease the idea of placement breakdown as their fault; this lessened their sense of guilt and lowered their expectations of what could have been achieved.

2.3.4.3 Moving on

This theme encapsulates learning to cope with grief and moving forward as the final stage of the placement breakdown process. Many participants recalled a time when the atmosphere within their home changed. David noted this as "a breath of fresh air" and identified a restored normality wherein he could reconnect with his home as an enjoyable space. Some participants reflected that having another placement was helpful in terms of offering "new difficulties" and in this way was a positive experience. It seems for Jane that the grief process (looking backwards) happened alongside the development of a new approach and a replenished view of self as capable and worthy (looking forward). Perhaps the demand a new placement created to form an emotional connection provided a limit to how much grief could feature in the lived experience of participants.

Most participants reflected on the strength they had relied upon in their marriages in order to "survive" the placement breakdowns. Amanda, John, Joan and Simon echoed sentiments of their spouses as being their "rock", this seemed to offer recognition of the positive amongst the negatives. Joan reflected that the emotional journey ended with acceptance:

> The initial feeling of abandoning someone, did change, because we had to realise we had done and took it as far as we could.
>
> (Joan, 759 – 760).

For most participants, acceptance represented a genuine belief that the placement ending was "for the best", and this was important to moving on:

> You need to accept what went on and learn from it.
>
> (Christine, 817).

For some participants this also involved processing and remembering that the young person was a child:

> I mean after her, you would have thought we would never have had teenagers but as I say, you get to the stage where you think they are still a child.
>
> (John, 1124 – 1126).

John's account indicates that remembering the young person as a child diluted the strength of feeling about the placement breakdown. Overall, the period of coping with the emotional experience associated with placement breakdown, but also in reclaiming the family home, involved re-connection to loved ones, the home environment or to the profession of fostering. Acceptance may mark the end of grieving, and this seemed to provide participants with an ability to acknowledge what has happened in a non-judgemental way.

2.4 Discussion

The present study explored foster carer experiences of foster placement breakdown involving older children. Identified themes are discussed below in the context of the literature as well as presentation of limitations, research and clinical implications.

2.4.1 Discussion of findings

2.4.1.1 A separate world

Social connectedness was vital to foster carers but fostering often led to an experience of separateness from the 'world' outside of fostering. Previous research has reported that the availability of foster carer support networks provided a buffer to the emotional strain associated with challenging adolescent foster placements (Farmer, Moyers & Lipscombe, 2004; Murray, Tarren-Sweeney & France, 2011). The in-depth qualitative nature of this study allowed for further exploration to understand the complexities of the issue. Although support was available it was located with other foster carers, which could further exacerbate the experience of fostering as all-engrossing. Foster carers identified a lack of self-care, including barriers to respite periods to support emotional well-being. The benefit of self-care is supported widely within the literature, replenishment of emotional and physical capacity is imperative due to the relentless experiences that are above those apparent in normative parenting (Geiger, Hayes & Lietz, 2013).

The disconnection from the world outside of fostering may place increased significance on foster parents' marital relationships. Overwhelmingly, foster carers identified marital support as a strong protective factor against the challenges they experienced. This is supported by earlier studies reporting that connectedness between parents buffered stress (Duis, Summers & Summers, 1997). The marital relationship was also impacted by the young person's challenging behaviour. There is limited existing literature reporting on marital strain as a consequence of foster placement challenges. However, the present findings are supported by literature from the area of developmental disabilities reporting social support as vital to managing challenges presented by children (Dunst, Trivette & Jodry, 1997) and specifically that parents of children with disabilities experienced increased marital strain (Risdal & Singer, 2004). It is noted from the current study that parenting young people with a complex trauma presentation places unique and specific demands on foster parents that may differ from those of parents with children with developmental disabilities. This study seems to be one of the first identifying the importance foster carers place on their spouse in terms of coping, and the link between fostering as engrossing.

2.4.1.2 Baggage

Most foster carers made sense of the challenging and evolving behaviours associated with developmental trauma through an attachment-focused lens, but also accounted for developmental changes they thought to be associated with puberty. It is well documented within the literature that LAC present with a complex array of challenging behaviours. Authors including Golding (2007), Hughes (2004) and Elliott (2013) present approaches to caring for looked after and adopted children and young people. These models are prominent within social care practice (Payne, 2015) and supported foster carer capacity within the present study to make sense of challenging behaviours such as splitting, aggressive, coercive and controlling behaviours.

In their recent review of the literature, Rock et al. (2015) reported factors related to increased placement instability, including particularly strong findings about problems associated with older age children and externalising behaviours. This supports the findings of the present study that there are challenges presented within adolescent placements that impact foster carers and their capacity to continue fostering. Rock et al.'s systematic review did not report studies investigating the impact those factors had on foster carers and did not identify studies exploring the impact of placement break down. This indicates that the present study is novel in reporting the impact of challenging behaviour on the lived experience of foster carers during crisis and following placement breakdown.

2.4.1.3 Emotional aftermath

Grief is a complicated phenomenon that many people have personal experience of (Hebert et al., 2013). A broad view of grief focuses not only on experiences of the death of a loved one, but on feelings that occur when people experience a separation from someone or something important to them (Walsh-Burke, 2012; Worden, 2009). Foster carers felt sadness and sometimes distress marked the end of placements. Although foster carers in the present study acknowledged that the placement ending had been their choice, often they had experienced being 'stuck' without an alternative choice. Resultantly, foster carers questioned what might have been needed in order to prevent the placement breaking down, indicating guilt. The emotional experience reported by foster carers in the present study is consistent with grief as conceptualised as natural, and encompassing many reactions from sadness,

anxiety, guilt, physical symptoms and fatigue (Walsh-Burke, 2012).

The in-depth methodology supported further exploration of previous findings offered by Hebert et al. (2013). Hebert et al. (2013) did not specifically explore foster placement breakdown, in fact it was stated that grief may occur regardless of how the placement ends. Whilst the present study did not seek to compare types of placement endings, the findings suggest specific emotional experiences as linked to the process of the placement breaking down rather than simply ending. This is consistent with bereavement literature which recognises grief as unique, and the process as dependent on key themes, such as the circumstances of the bereavement, characteristics of and relationship with the bereaved individual, the provision and availability of support, and a myriad of sociocultural factors (Stroebe, Schut & Boerner, 2017).

The present study supports broader literature reporting symbolic or psychological losses are significant - as such recognition of the psychological loss as having a grieving process is vital (Doka, 2008). Anecdotally, it has been reported that: "separation from an infant or very young child is obviously more likely to elicit a stronger grief reaction" (Hebert et al., 2013, p.255). The present study identified overwhelming distress as a common grief reaction to foster placement break down involving adolescents. This literature identifies this as "disenfranchised grief" - a concept defining the experience of grief when it is perceived to be unrecognised, or defined by others as illegitimate (Doka, 2008). This raises important questions regarding findings from the current study about the suggested narrative around the acceptability of grieving foster children, particularly adolescents.

2.4.1.4 "We're only human"

Following placement breakdown, foster carers identified the development of a narrative of what had happened, acknowledging the self as changed, resuming normality through reconnecting with the home and family and 'moving on'. Most foster carers noted acceptance as key to those processes. Within the context of loss, acceptance has been defined as "a sense of inner peace and tranquillity that comes with the letting go of a struggle to regain what is lost or being taken away" (Prigerson & Maciejewski, 2008, p.435). There is debate within the literature regarding the limited empirical support for a stage model of grief, with some authors reporting findings that suggest that disbelief, yearning, anger and sadness may represent aspects of a single underlying psychological construct of grief (Prigerson & Maciejewski,

2008). The present study supports this suggestion that as grief decreases, acceptance increases.

Some foster carers noticed that as relief dissipated, other emotions and thoughts emerged. Foster carers doubted decisions they had made, wondered whether they had 'failed' the young person and questioned the positive feelings they had felt (such as joy) as a result of the placement breaking down. This implies that processing joy, relief and elation can lead to shame. Shame is described as a negative, exposing and sometimes psychologically painful emotion (Tangney, Stuewig, Mashek, 2007). It describes the experience of feeling defective, with either a real or imaginary sense of how one's shortcomings would appear to others, in this sense shame can also encompass the feeling of being worthless or powerless (Tangney, 1995). Overall, shame refers not to only one part of self, but to an overall view of the self through a negative lens (Tangney, 1995). This suggests that the circumstances of the placement ending do have a significant impact on the foster carers' sense of self. Furthermore, in relation to mental health difficulties, shame has been highlighted as one emotion that can present as a barrier to help-seeking in a number of studies (Jagdeo, Cox, Stein & Sareen 2009; Schomerus, Matschinger & Angermeyer, 2009). At varying points, foster carers perceived that they were judged, not believed, and blamed. Help-seeking is likely to be limited by fear of 'public stigma'; the experience of being or perceiving to be discriminated against by others (Evans-Lacko, Brohan, Mojtabai & Thornicroft, 2012). Guilt related to perception of self as a failure, or shame related to the experience of positive emotions is also proposed from the present study. This indicates the pervasive nature of shame for foster carers at individual and systemic levels.

2.5 Clinical implications

Barriers to self-care including a lack of respite periods to support emotional well-being were identified. Thus it is suggested that foster carers would benefit from an enhanced ethos of self-care, with awareness and encouragement to replenish their own well-being. It is acknowledged that this is not a simple task, not least because of the practical barriers to be addressed, such as limited time and accessibility of transport. The present study noted the sometimes insular experience of foster carer support networks which emphasises the importance of support outside of the 'fostering world'. Some clinical services have trialled generic interventions such as Mindfulness

Based Stress Reduction for younger foster children (Jee et al., 2015). This highlights that the evidence base has been applied creatively within the LAC population, and positively indicates an opportunity for clinical services to review the level and type of support provided to foster carers. The importance foster carers placed on their marital relationship also indicates that support to couples outside of the perceived managerial nature of fostering supervision might be helpful.

The ethos of self-care noted above is also relevant to fostering professionals such as social workers and team managers. This study noted the strong influence of attachment focused therapeutic models in foster carer understanding of the challenges that arise when caring for developmentally traumatised young people. However, developmental trauma is pervasive and it is well reported that it can influence foster carers, professionals and systems (Emanuel, 2002). Therefore, a 'secure base' for social workers and their managers is recommended as a prerequisite for providing containment and support to the foster carers they work with.

This study draws a tentative link between foster carer experience of loss when a placement breaks down and the concept of 'disenfranchised grief'. It is essential to validate grief through recognition of foster carer experience as 'legitimate'. Findings indicate that foster carers can experience shame as a result of positive emotions when a placement breaks down. Foster carers may benefit from the opportunity to share their genuine emotional experiences within a non-judgmental professional context. This could include normalisation of grief as natural and encompassing many emotional reactions. Shame can act as a barrier to help-seeking; professionals interacting with foster carers might benefit from developing a framework of grief and skills in initiating conversations about this complex emotional reaction.

2.6 Limitations

The present study should be considered in light of limitations. Firstly, self-report methods inherently introduce a risk of attribution. It would be pertinent to explore placement break down from the perspective of social care practitioners, particularly given the findings that foster carers have felt blamed and even rubbished.

Consideration was given to the methodological implications as well as the relative merits of interviewing individuals and couples (see 2.2.3.4). Impressions regarding the interview process and analysis of the content indicated that couples

expressed their experiences relatively openly, offered alternative and at times contrasting views. However, research utilising IPA to explore couples' experiences emphasises the dyad due to the significance of events on the couple rather than only the individual (Antoine, Vanlemmens, Fournier, Trocmé, & Christophe, 2013). The present study provided depth of exploration at an individual level which limited the exploration of lived experience at a dyadic level – designing a study to this effect would support the emerging body of research in this area.

Findings were identified through the interpretive and reflexive focus of IPA utilising a relatively small sample. The pertinence of this is exemplified by a foster carer couple who identified an emotional experience following placement breakdown that converged with the wider sample. Yet analysis of their transcript indicated a unique journey into fostering and an unusual quality to their experience of placement breakdown, that the participants explicitly and directly linked to the rarity of their professional relationship with the fostering agency. Thus, despite credibility checks and consideration of sample size, findings from the present study would be supported by replication of the research in order to further draw out divergence in experience.

2.7 Recommendations for future research

This area of research would benefit from further investigation into foster carer reports of guilt and shame and their experience of being able to share their emotional world, given their concerns about being 'bad' and 'to blame'. This could be further supported by quantitative research exploring subtle indicators of shame. Discourse analysis can also offer further opportunity to explore discourses of shame. Disconnection from those outside of the fostering world was identified, although it is unclear whether this further negatively impacted foster carers' emotional well-being after placement breakdown.

Further research should be directed to explore the impact of disconnection on the emotional well-being on foster carers, particularly during times of crisis. It would be beneficial to understand the relationship between support from fellow foster carers, professionals and established social networks that existed prior to placement breakdown in order to support the continuation of beneficial support networks as a means to improve foster carer retention rates. Finally, considering the findings presented here in light of developmental disability literature, understanding the impact of fostering challenges on the marital relationship would be beneficial as a primary

point of preventing foster placement breakdown. As noted above, methodology suitable for researching the experience of couples should be considered.

2.8 Conclusion

This study explored foster carer experience of foster placement breakdown involving older children. Supported by a previous study, grief was identified as a primary emotional experience to process as part of the placement breakdown. Foster carers made sense of and accepted the placement ending, although ripples of loss remained. Grief was situated amongst a more varied emotional experience, including joy, elation and relief, all of which were suggested to contribute towards a felt sense of shame. The experience of fostering as a separate world was interpreted to undermine foster carer help seeking, given that the social care system was perceived to blame and belittle foster carers, and shame is most likely ameliorated by those whom we have an experience of a warm and non-judgmental approach.

References

Antoine, P., Vanlemmens, L., Fournier, E., Trocmé, M., & Christophe, V. (2013). Young couples' experiences of breast cancer during hormone therapy: an interpretative phenomenological dyadic analysis. *Cancer nursing*, *36*(3), 213-220.

Barker, C., Pistrang, C., & Elliot, R. (2016). *Research methods in clinical psychology* (3rd ed.). West Sussex: John Wiley & Sons.

Bazalgette, L., Rahilly, T., & Trevelyan, G. (2015). *Achieving emotional wellbeing for looked after children. A whole system approach.* Retrieved from https://www.nspcc.org.uk/globalassets/documents/research-reports/achieving-emotional-wellbeing-for-looked-after-children.pdf

British Psychological Society (2014). *Code of Human Research Ethics*. Retrieved from http://www.bps.org.uk/system/files/Public%20files/code_of_human_research_ethics_dec_2014_inf180_web.pdf

Broady, T.R., Stoyles, G.J., McMullan, K., Caputi, P., & Crittenden, N. (2010). The experiment of foster care. *Journal of Child and Family Studies, 19*(5), 559-571.

Brocki, J., & Wearden, A. (2006). A critical evaluation of the use of Interpretative Phenomenological Analysis (IPA) in health psychology. *Psychology & Health, 21*(1), 87-108.

Brown, J., & Calder, P. (2000). Concept mapping the needs of foster parents. *Child Welfare, 79*(6), 729-46.

Brown, J.D., & Campbell. M. (2007). Foster parent perceptions of placement success. *Children and Youth Services Review, 29*(8), 1010-1020.

Cicchetti, D., & Rogosch, F. (2002). A developmental psychopathology perspective on adolescence. *Journal of Consulting and Clinical Psychology, 70*(1), 6-20.

Department for Education (2013). *Improving permanence for looked after children.* Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/245513/consultation_document.pdf

Doka, K. J. (2008). Disenfranchised grief in historical and cultural perspective. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.) *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 223-240). Washington, DC: American Psychological Association.

Duis, S. S., Summers, M., & Summers, C. R. (1997). Parent versus child stress in diverse family types: an ecological approach. *Topics in Early Childhood Special Education, 17*(1), 53-73.

Dunst, C. J., Trivette, C. M., & Jodry, W. (1997). Influences of social support on children with disabilities and their families. In M. Guralnick (Ed.) *The effectiveness of early intervention* (pp. 499-522). Baltimore: Brookes.

Edelstein, S. B., Burge, D., & Waterman, J. (2001). Helping foster parents cope with separation, loss and grief. *Child welfare, 80*(1), 5-25.

Elliott, A. (2013). *Why can't my child behave? Empathic parenting strategies that work for adoptive and foster families*. London: Jessica Kingsley.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British journal of clinical psychology, 38*(3), 215-229.

Emanuel, L. (2002). Deprivation x 3. *Journal of Child Psychotherapy*, *28*(2), 163-179.

Evans-Lacko, S., Brohan, E., Mojtabai, R., & Thornicroft, G. (2012). Association between public views of mental illness and self-stigma among individuals with mental illness in 14 European countries. *Psychological medicine*, *42*(8), 1741-1752.

Farmer, E., Moyers, S., & Lipscombe, J. (2004). *Fostering adolescents.* London: Jessica Kingsley.

Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research, 19*(4-5), 583-590.

Fostering Network. (2016, January 07). *9,000 more fostering households urgently needed during 2016.* Retrieved from https://www.thefosteringnetwork.org.uk/media-release-news/2016/over-9000-more-fostering-households-urgently-needed- during- 2016

Geiger, J. M., Hayes, M. J., & Lietz, C. A. (2013). Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care. *Children and Youth Services Review, 35*(9), 1356-1365.

Golding, K. (2007). Attachment theory as a support for foster carers and adoptive parents. *Adoption & Fostering, 31*(2), 77-79.

Harris, T., Pistrang, N., Barker, C. (2006). Couples' experiences of the support process in depression: a phenomenological analysis. *Psychology and Psychotherapy*, *79,* 1-21.

Hebert, C., Kulkin, H., & McLean, M. (2013). Grief and foster parents: How do foster parents feel when a foster child leaves their home? *Adoption & Fostering, 37,* 253–267.

Hendrix, S., & Ford, J. (2003). Hardiness of foster families and the intent to continue to foster. *Journal of Family Social Work, 7*(2), 25-34.

Hudson, P., & Levasseur, K. (2002). Supporting foster parents: caring voices. *Child Welfare, 81*(6), 853-77.

Hughes, D. A. (2004). An attachment based treatment of maltreated children and young people. *Attachment & Human Development, 6*(3), 263-278.

Jagdeo, A., Cox, B. J., Stein, M. B., & Sareen, J. (2009). Negative attitudes toward help seeking for mental illness in 2 population-based surveys from the United States and Canada. *The Canadian Journal of Psychiatry*, *54*(11), 757-766.

Jee, S. H., Couderc, J. P., Swanson, D., Gallegos, A., Hilliard, C., Blumkin, A., et al. (2015). A pilot randomized trial teaching mindfulness-based stress reduction to traumatized youth in foster care. *Complementary therapies in clinical practice*, *21*(3), 201-209.

Lawthom, R. & Tindall, C. (2011). Phenomenology. In P. Banister., G. Bunn., E. Burman., J. Daniels., P. Duckett., D. Goodley. & R. Lawthom et al. (Eds.) *Qualitative methods in psychology: a research guide* (2nd ed., pp. 3-21). Maidenhead: McGraw-Hill.

Leathers, S.J. (2006). Placement disruption and negative placement outcomes among adolescents in long-term foster care: The role of behaviour problems. *Child Abuse and Neglect, 30*(3), 307- 324.

MacGregor, T. E., Rodger, S., Cummings, A. L., & Leschied, A. W. (2006). The needs of foster parents: A qualitative study of motivation, support, and retention. *Qualitative Social Work, 5*(3), 351-368.

Morgan, K. & Baron. R. (2011). Challenging behaviour in looked after young people, feelings of parental self-efficacy and psychological well-being in foster carers. *Adoption & Fostering, 35*(1), 18-32.

Munro, E., & Hardy, A. (2007). *Placement stability: a review of the literature*. Retrieved from https://dspace.lboro.ac.uk/dspacejspui/bitstream/2134/2919/1/placementstabilitylitreview.pdf

Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child & Family Social Work, 16*(2), 149-158.

Myers, A., & Hansen, C.H. (2011). *Experimental Psychology* (7th ed.). Belmont, CA: Wadsworth.

OFSTED. (2014). *Official statistics. Children looked after placements at 31 March 2013*. Retrieved from https://www.gov.uk/government/statistics/official statistics-children-looked-after-placements-at-31-march-2013

OFSTED. (2016). *National statistics. Children looked after placements at 31 March 2015*. Retrieved from https://www.gov.uk/government/statistics/children-looked-after-placements-as-at-31-march-2015

Oke, N., Rostill-Brookes, H., & Larkin, M. (2011). Against the odds: Foster carers perceptions of family, commitment and belonging in successful placements. *Clinical Child Psychology and Psychiatry, 18*(1), 7-24.

Ormston, R., Spencer, L., Barnard, M., & Snape, D. (2013). The foundations of qualitative research. In J. Ritchie, J. Lewis, C. M. Nicholls, & R. Ormston

(Eds.) *Qualitative research practice: A guide for social science students and researchers* (2nd ed., pp. 2-25). London: Sage.

Payne, M. (2015). *Modern social work theory*. Oxford: University Press.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Psychological Journal, 20*(1), 7-14.

Prigerson, H., & Maciejewski, P. (2008). Grief and acceptance as opposite sides of the same coin: Setting a research agenda to study peaceful acceptance of loss. *The British Journal of Psychiatry, 193*(6), 435-7.

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *Psychologist, 18*(1), 20-23.

Risdal, D., & Singer, G. H. (2004). Marital adjustment in parents of children with disabilities: a historical review and meta-analysis. *Research and Practice for Persons with Severe Disabilities*, *29*(2), 95-103.

Rock, S., Michelson, D., Thomson, S., & Day, C. (2015). Understanding foster placement instability for looked after children: A systematic review and narrative synthesis of quantitative and qualitative evidence. *British Journal of Social Work, 45*(1), 177-203.

Samrai, A., Beinart, H., & Harper, P. (2011). Exploring foster carer perceptions and

experiences of placements and placement support. *Adoption & Fostering, 35*(3), 38-49.

Schofield, G., & Beek, M. (2009). Growing up in foster care: Providing a secure base through adolescence. *Child & Family Social Work*, *14*(3), 255-266.

Schofield, G., Beek, M., & Ward, E. (2012) Part of the family: Planning for permanence in long-term family foster care. *Children and Youth Services Review, 34,* 244–253.

Schomerus, G., Matschinger, H., & Angermeyer, M. C. (2009). The stigma of psychiatric treatment and help-seeking intentions for depression. *European archives of psychiatry and clinical neuroscience*, *259*(5), 298-306.

Silver, M., Golding, K., & Roberts, C. (2015). Delivering psychological services for children, young people and families with complex social care needs. *The Child and Family Clinical Psychology Review, 3*, 119-129.

Smith, J.A. (2004). Reflecting on the development of Interpretative Phenomenological Analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1*(1), 39-54.

Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis. Theory, method and research.* London: Sage.

Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals:

Bereaved persons are misguided through the stages of grief. *Journal of Death and Dying*, *74*(4), 455-473.

Tangney, J.P. (1995). Shame and guilt in interpersonal relationships. In J.P. Tangney & K.W. Fischer (Eds.) *Self-conscious emotions: The psychology of shame, guilt, embarrassment and pride* (pp. 114-139). New York, NY: Guilford Press.

Tangney, J. P., Stuewig, J., & Mashek, D. J. (2007). Moral emotions and moral behaviour. *Annual Review of Psychology*, *58*, 345-372.

Thompson, A., & Russo, K. (2012). Ethical dilemmas for Clinical Psychologists in conducting qualitative research. *Qualitative Research in Psychology, 9*(1), 32-46.

Van der Kolk, B. A. (2017). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric annals, 35*(5), 401-408.

Walsh-Burke, K. (2012). *Grief and loss: Theories and skills for the helping professions* (2nd ed.). New Jersey, NJ: Pearson Higher Education.

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Maidenhead: McGraw-Hill.

Worden, J. (2009). *Grief counselling and grief therapy. A handbook for the mental health practitioner* (4th ed.). East Sussex: Routledge.

Chapter 3. Reflective Paper

Reflections on researching foster carers' experiences of adolescent foster placement breakdown.

Overall chapter word count (exclusive of figure and references): 2750.

3.1. Introduction

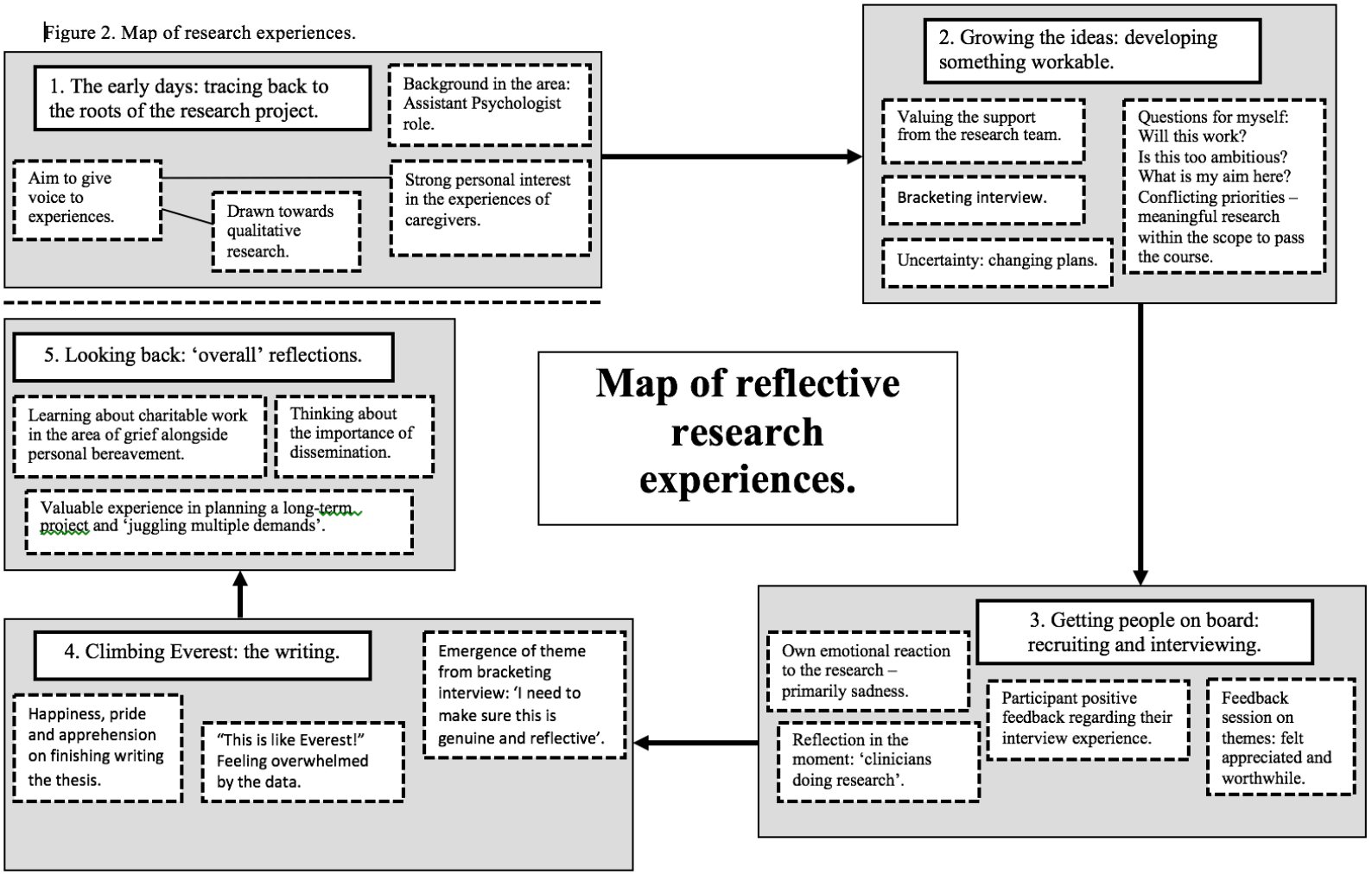
Chapter 3 presents a reflexive account of conducting research into foster carers' experiences of adolescent foster placement breakdown. Firmly situated within the position of the researcher, the challenges and insights encountered throughout the research process are offered. This chapter is written in first person, in order to allow the reflective content to hold the context and complexity in which it was originally experienced (Welch, 2004).

I begin by locating my understanding of, and the value placed on, reflective practice in the context of research. Followed by pertinent reflections and learning from the research process; ethical and methodological issues raised; consideration of personal and professional growth including loss; and the impact of the research process on my view of the role of clinical psychology.

3.2 Reflexivity

The development of reflective processes has been evident within clinical psychology practice since the 21st Century – this demonstrates that learning and understanding are vital to our research involving people (Von Wright, 1992). It is a core part of clinical psychology practice to consider interpersonal processes within encounters with others (i.e. Gilbert & Leahy, 2007; Lemma, 2016). Thus as part of my role as Trainee Clinical Psychologist I have become accustomed to self-reflection as enabling evaluation of experiences (Bennett-Levy, Turner, Beaty, Smith, Paterson & Farmer, 2001). From the outset I held in mind literature that posits that in a similar way to clinical work, it is essential to good quality research to provide a transparent account of the research process, including my own experience (Welch, 2004).

Figure 2. Map of research experiences.



A map depicting reflections from across the research process are presented in Figure 2. This provides an overview of key themes and ideas discussed within the chapter. Interconnecting experiences are also noted.

3.3 Reflections and learning from the research process

Thinking about reflexivity in a research context was somewhat novel for me as a researcher. A reflective log served to contain reflections across all stages of the research; primarily entries document poignant or unexpected events. A theme was identified in respect of noticing my own emotions, particularly sadness, during and directly after interviewing foster carers for purposes of the research. There are regular entries noting feeling 'down', 'deflated' and an overall sense of being dispirited. Continual exposure to emotive events as part of my role as a Trainee Clinical Psychologist within the NHS, lead to the absence of anticipation of the emotional impact of the research as different or unusual. Although this was managed effectively through peer support and research supervision, I have been encouraged to reflect on my experience of emotion as part of the research process. The reflective log includes reference to attempts to make sense of my own emotional response to the interviews whereby I tried to identify why I felt 'down'. I noticed physical symptoms including tiredness and a sense of being weighed down. Perhaps this represents a parallel process to the participant's attempts to make meaning of mixed emotions and the physical impact of managing such challenges. I wondered too whether this represents a connection to the participants' experience, which could be considered to be 'natural' given the IPA requirement to make attempts to see things from the view of the participant.

Reflecting on feeling sad brought to mind transference – a psychoanalytic concept referring to emotions that unconsciously transfer from situations of the past into the present moment (Hollway, 2016). There is a body of research that has focused on researchers' experience of the research encounter, leading to an argument that research activity in itself contributes to the body of knowledge (Frosh, 2010). Clarke and Hoggett (2009) proposed it is not only what the participant transfers to the researcher, or what the researcher brings unconsciously from their past into the research, but the reciprocal interactions that this process can set into play. Reflecting on the linguistic analysis of transcripts undertaken as part of IPA methodology, I often thought about the narrative elements that may have been a verbal communication of perceived socially

unacceptable thoughts. From this I interpreted a communication of difficult emotions, including shame; it could be that my emotional response was to process the subconscious projection of emotions within the room and in this way to reinforce my analysis of the content. However, on reading further about the application of psychoanalytic theory to qualitative research, I became concerned about inaccurate analysis due to misinterpretation of feelings evoked in the researcher during the interview (Jervis, 2009). Within a therapeutic setting, transference can be identified as part of clinical supervision and utilised as part of the therapy. However, I was not afforded this same opportunity to check and to make sense of one's own feelings and thus the interpretation of them was not possible or appropriate in a research setting. Caution was applied to interpretation of my feelings, however it was helpful to locate the intensity of my feeling about particular themes in order to ensure validity checks could compensate for potential misinterpretation of the information provided.

David (2006) noted her experience of completing her clinical psychology doctoral thesis for submission as an 'emotional rollercoaster'. I strongly identified with her experience of the challenges of managing stress in preparing the thesis. This has encouraged me to consider the many factors that have influenced my experience of intense and changing emotions, rather than solely an artefact of the research process. Overall, noticing my own difficult experiences supported the development of my awareness of the emotional climate of interviews and how to harness this to gather information about the area of research.

3.4 Ethical and methodological issues

Rather than adherence to research protocols necessitating measures or scoring, the lens through which qualitative research is conducted harnesses the views of people who facilitate, participate in, read and review qualitative studies (Creswell & Miller, 2000). As discussed above (see 3.3), this lens introduces risks related to the researcher's subconscious interference with the results. Resultantly, methods can be employed by researchers to 'bracket' and therefore bring to the fore potential areas of interference. The primary benefit of bracketing is proposed to be in mitigating the risk of researcher preconceptions and assumptions on the research (Tufford & Newman, 2012). A bracketing interview conducted by a second year Trainee Clinical Psychologist identified some of my motivations and interests regarding the present study. Associated assumptions and preconceptions were derived and considered in their potential to

unknowingly contaminate the research process. The main point for reflection identified my drive to "truly" and "genuinely" understand others experiences, in the sense in which they were originally conveyed. This could be seen to be conducive to IPA research, with the researcher central to the research process, through observing, learning about and engaging with the meanings participants made of their experiences. However, this also provoked some anxiety at the time of analysing the transcripts, when I was encouraged as the researcher to make interpretations about participant transcripts (Smith, Flowers & Larkin, 2009).

Tufford and Newman (2012) outline debate over the appropriateness of bracketing as a method to more clearly and accurately construct participants' perspectives and phenomena under investigation versus the importance of subjectivity in the co-construction of understanding during the research process. The desire to really understand experiences and even my selection of IPA as the methodological approach may have been underpinned by my personal connection to the area of looked after and adopted children. I have often returned to the notion that the reflexivity of the study required an assumption that the meanings were co-constituted; my experience did not need to be bracketed off, rather acknowledged and accounted for as part of the process (Shaw, 2010). Viewing research in this way was novel to me, given my experience of alternative qualitative methods which may have involved elements of *reflection* but placed significantly less emphasis on *reflexivity* as part of the research process (i.e. thematic analysis).

As noted above, Chapter 2 focused on relationships (those that have broken down), so relationships in the present were also a big part of the research. A significant factor from the point of developing an interview schedule to administering the interviews was consideration of how to encourage participants to feel a sense of containment within the research in order to access sometimes difficult memories and emotions. It is consistently reported within the research that when regulated, we are able to access higher order functions, such as behavioural control and areas of cognition (Koole, 2009). I have been encouraged to reflect on the notion that the requirement to create this containment, meant some of my communication such as utterances and non-verbal cues might have influenced the participants in such a way that all of the interviews will be different to varying degrees. Whilst this was mitigated by credibility checks, it did encourage me to reflect on my role as a 'clinician doing research'. This is not something that can be switched off and at times I worried that in this way rapport

was prioritised over validity. However, on reflection, I have thought about how rapport supported validity. Participants indicated that some of what they discussed in interview could have been judged, possibly condemned, yet they chose to disclose it anyway, indicating the research captured genuineness of experience.

3.5 Research as influencing the practitioner

A theme reported within Chapter 2 identified foster carer feelings of loss and grief after foster placement breakdown; this developed in parallel to a personal bereavement. Loss and grief have not featured extensively in my learning across clinical psychology training – I received limited training and experiential learning in this area. Reflecting on questions I asked myself during the writing process, such as "is there a natural grieving process?", prompted a connection to charities who can support with bereavement in order to explore the grieving process both in terms of research and personal experience.

Charities such as Winston's Wish (www.winstonswish.org) and Macmillan Cancer Support (www.macmillan.org.uk) provide a wealth of literature focused on coping with bereavement. Coming into contact with these charities brought with it some unexpected opportunities. One such opportunity I have often reflected on is the benefits of engaging with charities in a clinical sense, as this has encouraged me to think about the volume of support and expertise outside of traditional NHS mental health settings. Secondly, I came into contact with these charities at the same time as experiencing a personal bereavement. Some of this support and expertise offered by the charities converged with participants' reported experiences. The notion of normalising the expression of anger, guilt and confusion as natural feelings in response to bereavement is highlighted by the literature. Further, expression of difficult thoughts and feelings is proposed to be vital to coping and moving forward. Although I focused on validating participants' experience, I sometimes felt frustrated that an active normalisation of feelings associated with bereavement was not part of my role as researcher, but might have been in my role as clinician or as a person also going through loss. A significant part of processing my own grief was to experience this validation and normalisation of my emotions. Further a significant part of my clinical role is in communicating to clients that they are not 'mad' and 'bad'. Thus, at times this felt as though I was 'switching off' my personality and professional identity. However, writing the thesis and learning about charitable work in the area of bereavement provided a means to

communicate what participants might have valued in being supported with grief in a way that would be more helpful in the longer-term and to many more people than engaged in my research.

3.6 How research shaped my view of the role of clinical psychology

It is consistently reported that the most influential factor for psychological change is the therapeutic relationship with the client (Lambert & Barley, 2001). Compassion, warmth and genuineness have all been reported to be important to service users as well as psychological outcomes (Lambert & Barley, 2001). Surprisingly, informal feedback gathered from participants and provided by gatekeepers, included reflections on my interview style, noting it was professional yet warm. In fact, 2 out of 3 gatekeepers were keen to continue recruiting when the number of participants required for the study had already been met, indicating that the research was viewed as an 'opportunity'. This has increased the value that I have for the person-centred nature of clinical psychology. Using the self as part of therapeutic interaction has been a common feature of my clinical psychology training, but feeling the value of using the self in the role of researcher was new. Secondly, I have often thought back to the experience of facilitating a foster carer group feedback session on the initial and underdeveloped themes. My reflective log includes records of a personal sense of gratitude from participants, perhaps because they reported the themes had strongly resonated with their own experiences. A significant part of my passion for clinical psychology has been the opportunity to advocate for and empower vulnerable or disenfranchised people. It has been enlightening to experience this sense of "giving voice" to experiences in a research context. This has reinforced my drive to be part of disseminating research findings in order to influence service and/or policy change.

As part of my final year of training, I have completed a specialist placement within a looked after and adopted child (LAAC) service. Specifically, this placement offered insight into social care, health and charity collaboration at service level. Thus at the same time as conducting and writing the present study, I was receiving a concurrent experience of supporting foster carers and adopters. Noticing the vital work being completed there but also the gaps to providing this type and level of support to all foster carers further supported the determination I began to notice as part of the research project. This includes improvement to service provision, something that perhaps felt beyond the realms of a Trainee prior to writing the thesis.

3.7 Loss

When developing or 'growing' the research project, I did not anticipate the focus being on grief and loss. The theme of loss identified within the data not only mirrored a personal bereavement but in the latter stages of the research project it also came to resonate with a time of change. Thesis submission marks the end of a long journey to becoming a qualified psychologist. Over time I considered this to be the 'end goal' and there is much that excites me about qualifying. However, I have also come to reflect on the uniqueness of being a Trainee Clinical Psychologist and the opportunities this has afforded. In particular, having dedicated time to study and conduct research has been valuable. I have learnt a significant amount from working effectively in a research team, to planning a long-term project and sustaining motivation over a prolonged period of time to name a few. Another opportunity has been in moving between services, and developing close relationships with colleagues and fellow trainees. As outlined in Chapter 2, a broad conceptualisation of grief can encompass symbolic and psychological losses, as well as losses of relationships rather than simply referring to loss through death (Doka, 2008). Preparing the thesis for submission has felt as though a loss is pending, particularly as the Trainee Clinical Psychologist role has often been felt as permeating many aspects of my life. Like the participants' experiences of adjusting to a changed life after placement breakdown, I too will be adjusting to 'new' daily life post-training. Similar to participants, as the relief of submitting the thesis dissipates and happiness about regaining a connection to my family, friends and home is more accustomed to, I too may experience sadness about what has been lost.

3.8 Conclusion

The process of reflecting on the research journey to completing the thesis has supported my academic and clinical development. Of most interest and surprise has been the focus on considering participants, as well as my experience of sadness; this has been a novel part of the research process for me. In writing the thesis, at times I felt overwhelmed by the learning required, from getting to grips with IPA, to viewing transcribing as a demanding process, to wondering whether the literature review could ever be completed! However, reflecting on the journey has highlighted many parts I have valued, that may have been lost unless the emphasis of the journey had not been reflexivity. Much of the valued parts have been experiential, rather than singular events. This has provided a foundation from which I will continue to hold on to the significance

of a reflexive approach in research.

References

Bennett-Levy, J., Turner, F., Beaty, T., Smith, M., Paterson, B., & Farmer, S. (2001). The value of self-practice of cognitive therapy techniques and self-reflection in the training of cognitive therapists. *Behavioural and Cognitive Psychotherapy*, *29*, 203-220.

Clarke, S., & Hoggett, P. (Eds.). (2009). *Researching beneath the surface psycho-social research methods in practice*. London: Karnac.

Creswell, J.W. & Miller, D.L. (2000). Determining validity in qualitative inquiry. *Theory into Practice, 39*(3), 1-7.

David, C. (2006). Reflections on the research process as a trainee clinical psychologist: Is it feasible to be a scientist–practitioner? *Reflective Practice, 7(2), 193-196.*

Doka, K. J. (2008). Disenfranchised grief in historical and cultural perspective. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.) *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 223-240). Washington, DC: American Psychological Association.

Elliott, H., Ryan, J., & Hollway, W. (2012). Research encounters, reflexivity and supervision. *International Journal of Social Research Methodology, 15*(5), 433-444.

Frosh, S. (2010). *Psychoanalysis outside the clinic: Interventions in psychosocial*

studies. Palgrave: Macmillan.

Gilbert, P., & Leahy, R.L. (2007). *The therapeutic relationship in the cognitive behavioural psychotherapies*. Hove: Routledge.

Hollway, W. (2016). Emotional experience plus reflection: Countertransference and reflexivity in research. *The Psychotherapist, 62,* 19-21.

Jervis, S. (2009). The use of self as a research tool. In S. Clarke, & P. Hoggett (Eds.) *Researching Beneath the Surface.* (pp. 145–166). London: Karnac.

Koole, S. (2009). The psychology of emotion regulation: an integrative review. *Cognition & Emotion, 23*(1), 4-41.

Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training, 38*(4), 357-361.

Lemma, A. (2016). *Introduction to the Practice of Psychoanalytic Psychotherapy* (2nd ed.). West Sussex: John Wiley & Sons.

Macmillan Cancer Support (n.d.). Coping with bereavement. Retrieved from https://www.macmillan.org.uk/information-and-support/coping/at-the-end-of-life/coping-with-bereavement

Shaw, R. (2010). Embedding reflexivity within experiential qualitative

psychology. *Qualitative Research in Psychology, 7*(3), 233-243.

Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis. Theory, method and research.* London: Sage.

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative social work, 11*(1), 80-96.

Von Wright, J. (1992). Reflections on reflection. *Learning and Instruction, 2*, 59-68.

Welch, A. (2004). The researcher's reflections on the research process. *Nursing Science Quarterly, 17*(3), 201-207.

Winston's Wish (n.d.). Living with bereavement. Retrieved from https://www.winstonswish.org/wp-content/uploads/2017/11/ww-0113-livingbereav-lo.pdf

Appendix A.
Qualitative Quality Assessment Framework.

(Kmet, Lee & Cook, 2004).

Yes = 2 points. Partial = 1 point. No = 0 points. Scoring: total divided by 20.

1. Question / objective clearly described?

- Yes: Research question or objective is clear by the end of the research process (if not at the outset).
- Partial: Research question or objective is vaguely/incompletely reported.
- No: Question or objective is not reported, or is incomprehensible.

2. Design evident and appropriate to answer study question? (If the study question is not clearly identified, infer appropriateness from results/conclusion).

- Yes: Design is easily identified and is appropriate to address the study question.
- Partial: Design is not clearly identified, but gross inappropriateness is not evident; or design is easily identified but a different method would have been more appropriate.
- No: Design used is not appropriate to the study question (e.g. a casual hypothesis is tested using qualitative methods); or design cannot be identified.

3. Context for the study is clear?

- Yes: The context/setting is adequately described, permitting the reader to relate the findings to other settings.
- Partial: The context/setting is partially described.
- No: The context/setting is not described.

4. Connection to a theoretical framework/wider body of knowledge?

- Yes: The theoretical framework/wider body of knowledge informing the study and the methods used is sufficiently described and justified.
- Partial: The theoretical framework/wider body of knowledge is not well described or justified; link to the study methods is not clear.
- No: Theoretical framework/wider body of knowledge is not discussed.

5. Sampling strategy described, relevant and justified?

- Yes: The sampling strategy is clearly described and justified. The sample includes the full range of relevant, possible cases/settings (i.e. more than simple convenience sampling), permitting conceptual (rather than statistical) generalisations.
- Partial: The sampling strategy is not completely described, or is not fully justified. Or the sample does not include the full range of relevant, possible cases/settings (i.e. includes a convenience sample only).
- No: Sampling strategy is not described.

6. Data collection methods clearly described and systematic?

- Yes: The data collection procedures are systematic, and clearly described, permitting an "audit trail" such that the procedures could be replicated.
- Partial: Data collection procedures are not clearly described; difficult to determine if systematic or replicable.
- No: Data collection procedures are not described.

7. Data analysis clearly described, completed and systematic?

- Yes: Systematic analytic methods are clearly described, permitting an "audit trail" such that the procedures could be replicated. The iteration between the data and the explanations for the data (i.e. the theory) is clear – it is apparent how early, simple classifications evolved into more sophisticated coding structures which then evolved into clearly defined concepts/explanations for the data). Sufficient data is provided to allow the reader to judge whether the interpretation offered is adequately supported by the data.
- Partial: Analytic methods are not fully described. Or the iterative link between data and theory is not clear.
- No: The analytic methods are not described. Or it is not apparent that a link to theory informs the analysis.

8. Use of verification procedure(s) to establish credibility of the study?

- Yes: One or more verification procedures were used to help establish credibility/trustworthiness of the study (e.g. prolonged engagement in the field, triangulation, peer review or debriefing, negative case analysis, member checks, external audits/inter-rater reliability, "batch" analysis).
- No: Verification procedure(s) not evident.

9. Conclusions supported by the results?

- Yes: Sufficient original evidence supports the conclusions. A link to theory informs any claims of generalisability.
- Partial: The conclusions are only partly supported by the data. Or claims of generalisability are not supported.
- No: The conclusions are not supported by the data. Or conclusions are absent.

10. Reflexivity of the account?

- Yes: The researcher explicitly assessed the likely impact of their own personal characteristics (such as age, sex and professional status) and the methods used on the data obtained.
- Partial: Possible sources of influence on the data obtained were mentioned, but the likely impact of the influence or influences as not discussed.
- No: There is no evidence of reflexivity in the study report.

Appendix B.
Quantitative Quality Assessment Framework.

(Kmet, Lee & Cook, 2004).

Yes (2); Partial (1); No (0); N/A (not possible for 1, 4, 13 and 14). Scoring: Sum the total score obtained across relevant items and dividing by the total possible score (i.e.: 28 - (number of "n/a" x 2).

1. Question or objective sufficiently described?

Yes: Is easily identified in the introductory section (or first paragraph of methods section). Specifies (where applicable, depending on study design) all of the following: purpose, subjects/ target population, and the specific intervention(s) /association(s)/descriptive parameter(s) under investigation. A study purpose that only becomes apparent after studying other parts of the paper is not considered sufficiently described.
Partial: Vaguely/incompletely reported (e.g. "describe the effect of" or "examine the role of" or "assess opinion on many issues" or "explore the general attitudes"...); or some information has to be gathered from parts of the paper other than the introduction/background/objective section.
No: Question or objective is not reported, or is incomprehensible.
N/A: Should not be checked for this question.

2. Design evident and appropriate to answer study question?

(If the study question is not given, infer from the conclusions).
Yes: Design is easily identified and is appropriate to address the study question / objective.
Partial: Design and /or study question not clearly identified, but gross inappropriateness is not evident; or design is easily identified but only partially addresses the study question.
No: Design used does not answer study question (e.g., a comparison group is required to answer the study question, but none was used); or design cannot be identified.
N/A: Should not be checked for this question.

3. Method of subject selection (and comparison group selection, if applicable) or source of information [input variables (e.g., for decision analysis) is described and appropriate.

Yes: Described and appropriate. Selection strategy designed (i.e., consider sampling frame and strategy) to obtain an unbiased sample of the relevant target population or the entire target population of interest (e.g., consecutive patients for clinical trials, population-based random sample for case-control studies or surveys). Where applicable, inclusion/exclusion

criteria are described and defined (e.g., “cancer” -- ICD code or equivalent should be provided). Studies of
volunteers: methods and setting of recruitment reported. Surveys: sampling frame/ strategy clearly described and appropriate.

Partial: Selection methods (and inclusion/exclusion criteria, where applicable) are not completely described, but no obvious inappropriateness. Or selection strategy is not ideal (i.e., likely introduced bias) but did not likely seriously distort the results (e.g., telephone survey sampled from listed phone numbers only; hospital based case-control study identified all cases admitted during the study period, but recruited controls admitted during the day/evening only). Any study describing participants only as “volunteers” or “healthy volunteers”. Surveys: target population mentioned but sampling strategy unclear.
No: No information provided. Or obviously inappropriate selection procedures (e.g., inappropriate comparison group if intervention in women is compared to intervention in men). Or presence of selection bias which likely seriously distorted the results (e.g., obvious selection on “exposure” in a case-control study).
N/A: Descriptive case series/reports.

4. Subject (and comparison group, if applicable) characteristics or input variables information (e.g., for decision analyses) sufficiently described?

Yes: Sufficient relevant baseline/demographic information clearly characterizing the participants is provided (or reference to previously published baseline data is provided). Where applicable, reproducible criteria used to describe/categorize the participants are clearly defined (e.g., ever-smokers, depression scores, systolic blood pressure > 140). If “healthy volunteers” are used, age and sex must be reported (at minimum). Decision analyses: baseline estimates for input variables are clearly specified.
Partial: Poorly defined criteria (e.g. “hypertension”, “healthy volunteers”, “smoking”). Or incomplete relevant baseline / demographic information (e.g., information on likely confounders not reported). Decision analyses: incomplete reporting of baseline estimates for input variables.
No: No baseline / demographic information provided. Decision analyses: baseline estimates of input variables not given.
N/A: Should not be checked for this question.

5. If interventional and random allocation was possible was it described?

Yes: True randomization done - requires a description of the method used (e.g., use of random numbers).
Partial: Randomization mentioned, but method is not (i.e. it may have been possible that randomization was not true).
No: Random allocation not mentioned although it would have been feasible and appropriate (and was possibly done).
N/A: Observational analytic studies. Uncontrolled experimental studies. Surveys. Descriptive case series / reports. Decision analyses.

6. If interventional and blinding of investigators was possible was it reported?
Yes: Blinding reported.
Partial: Blinding reported but it is not clear who was blinded.
No: Blinding would have been possible (and was possibly done) but is not reported.
N/A: Observational analytic studies. Uncontrolled experimental studies. Surveys. Descriptive case series / reports. Decision analyses.

7. If interventional and blinding of subjects was possible was it reported?
Yes: Blinding reported.
Partial: Blinding reported but it is not clear who was blinded.
No: Blinding would have been possible (and was possibly done) but is not reported.
N/A: Observational studies. Uncontrolled experimental studies. Surveys. Descriptive case series / reports.

8. Outcome and (if applicable) exposure measure(s) well defined and robust to measurement/ misclassification bias? Means of assessment reported?
Yes: Defined (or reference to complete definitions is provided) and measured according to reproducible, “objective” criteria (e.g., death, test completion - yes/no, clinical scores). Little or minimal potential for measurement / misclassification errors. Surveys: clear description (or reference to clear description) of questionnaire/interview content and response options. Decision analyses: sources of uncertainty are defined for all input variables.
Partial: Definition of measures leaves room for subjectivity, or not sure (i.e., not reported in detail, but probably acceptable). Or precise definition(s) are missing, but no evidence or problems in the paper that would lead one to assume major problems. Or instrument/mode of assessment(s) not reported. Or misclassification errors may have occurred, but they did not likely seriously distort the results (e.g., slight difficulty with recall of long-ago events; exposure is measured only at baseline in a long cohort study). Surveys: description of

questionnaire/interview content incomplete; response options unclear. Decision analyses: sources of uncertainty are defined only for some input variables.
No: Measures not defined, or are inconsistent throughout the paper. Or measures employ only ill-defined, subjective assessments, e.g. “anxiety” or “pain.” Or obvious errors/measurement bias likely seriously distorted the results (e.g., a prospective cohort relies on self-reported outcomes among the “unexposed” but requires clinical assessment of the “exposed”). Surveys: no description of questionnaire/interview content or response options. Decision analyses: sources of uncertainty are not defined for input variables. N/A: Descriptive case series / reports.

9. Sample size appropriate?
Yes: Seems reasonable with respect to the outcome under study and the study design. When statistically significant results are achieved for major outcomes, appropriate sample size can usually be assumed, unless large standard errors (SE > h effect size) and/or problems with multiple testing are evident. Decision analyses: size of modelled cohort / number of iterations specified and justified.
Partial: Insufficient data to assess sample size (e.g., sample seems “small” and there is no mention of power/sample size/effect size of interest and/or variance estimates aren’t provided). Or some statistically significant results with standard errors > K effect size (i.e., imprecise results). Or some statistically significant results in the absence of variance estimates. Decision analyses: incomplete description or justification of size of modelled cohort / number of iterations.
No: Obviously inadequate (e.g., statistically non-significant results and standard errors > h effect size; or standard deviations > _ of effect size; or statistically non-significant results with no variance estimates and obviously inadequate sample size). Decision analyses: size of modelled cohort / number of iterations not specified.
N/A: Most surveys (except surveys comparing responses between groups or change overtime). Descriptive case series / reports.

10. Analytic methods described/ justified and appropriate?
Yes: Analytic methods are described (e.g. “chi square”/ “t-tests”/ “Kaplan-Meier with log rank tests”, etc.) and appropriate.
Partial: Analytic methods are not reported and have to be guessed at, but are probably appropriate. Or minor flaws or some tests appropriate, some not (e.g., parametric tests used, but unsure whether appropriate; control group exists but is not used for statistical analysis). Or multiple testing problems not addressed.

No: Analysis methods not described and cannot be determined. Or obviously inappropriate analysis methods (e.g., chi-square tests for continuous data, SE given where normality is highly unlikely, etc.). Or a study with a descriptive goal / objective is over-analysed.
N/A: Descriptive case series / reports.

11. Some estimate of variance is reported for the main results?
Yes: Appropriate variances estimate(s) is/are provided (e.g., range, distribution, confidence intervals, etc.). Decision analyses: sensitivity analysis includes all variables in the model.
Partial: Undefined expressions. Or no specific data given, but insufficient power acknowledged as a problem. Or variance estimates not provided for all main results/outcomes. Or inappropriate variance estimates (e.g., a study examining change over time provides a variance around the parameter of interest at "time 1" or "time 2", but does not provide an estimate of the variance around the difference). Decision analyses: sensitivity analysis is limited, including only some variables in the model.
No: No information regarding uncertainty of the estimates. Decision analyses: No sensitivity analysis.
N/A: Descriptive case series / reports. Descriptive surveys collecting information using open-ended questions.

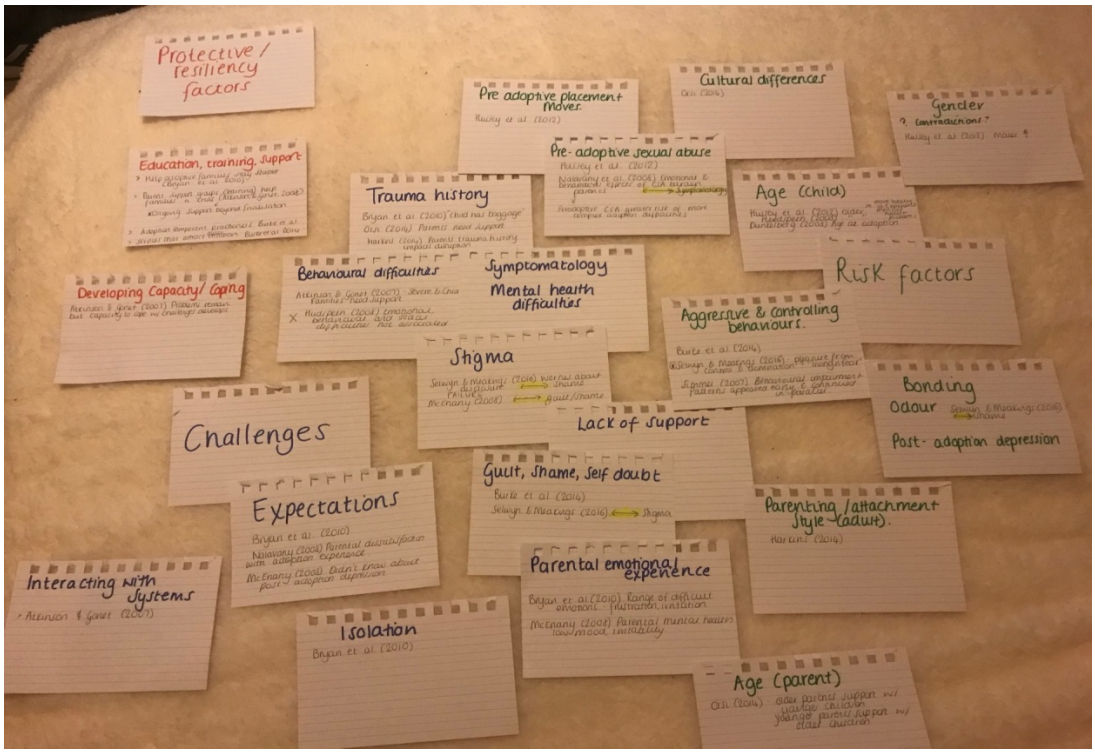
12. Controlled for confounding?
Yes: Randomized study, with comparability of baseline characteristics reported (or non-comparability controlled for in the analysis). Or appropriate control at the design or analysis stage (e.g., matching, subgroup analysis, multivariate models, etc.). Decision analyses: dependencies between variables fully accounted for (e.g., joint variables are considered).
Partial: Incomplete control of confounding. Or control of confounding reportedly done but not completely described. Or randomized study without report of comparability of baseline characteristics. Or confounding not considered, but not likely to have seriously distorted the results. Decision analyses: incomplete consideration of dependencies between variables.
No: Confounding not considered, and may have seriously distorted the results. Decision analyses: dependencies between variables not considered.
N/A: Cross-sectional surveys of a single group (i.e., surveys examining change over time or surveys comparing different groups should address the potential for confounding). Descriptive studies. Studies explicitly stating the analysis is strictly descriptive/exploratory in nature.

13. Results reported in sufficient detail?
Yes: Results include major outcomes and all mentioned secondary outcomes.

Partial: Quantitative results reported only for some outcomes. Or difficult to assess as study question/objective not fully described (and is not made clear in the methods section), but results seem appropriate.
No: Quantitative results are reported for a subsample only, or "n" changes continually across the denominator (e.g., reported proportions do not account for the entire study sample, but are reported only for those with complete data -- i.e., the category of "unknown" is not used where needed). Or results for some major or mentioned secondary outcomes are only qualitatively reported when quantitative reporting would have been possible (e.g., results include vague comments such as "more likely" without quantitative report of actual numbers).
N/A: Should not be checked for this question.

13. Conclusions supported by results?
Yes: All the conclusions are supported by the data (even if analysis was inappropriate). Conclusions are based on all results relevant to the study question, negative as well as positive ones (e.g., they aren't based on the sole significant finding while ignoring the negative results). Part of the conclusions may expand beyond the results, if made in addition to rather than instead of those strictly supported by data, and if including indicators of their interpretative nature (e.g., "suggesting," "possibly").
Partial: Some of the major conclusions are supported by the data, some are not.
Or speculative interpretations are not indicated as such. Or low (or unreported) response rates call into question the validity of generalizing the results to the target population of interest (i.e., the population defined by the sampling frame/strategy).
No: None or a very small minority of the major conclusions are supported by the data. Or negative findings clearly due to low power are reported as definitive evidence against the alternate hypothesis. Or conclusions are missing. Or extremely low response rates invalidate generalizing the results to the target population of interest (i.e., the population defined by the sampling frame/ strategy).
N/A: Should not be checked for this question.

Appendix C.
Photograph of systematic literature review data analysis



Appendix D.
Coventry University certificate of ethical approval.

Certificate of Ethical Approval

Applicant:

Daniella Valentine

Project Title:

Foster carers' experience of placement breakdown involving adolescent looked after children (LAC)

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

Date of approval:

03 January 2017

Project Reference Number:

P47733

Appendix E.
Participant information sheet.

Coventry and Warwick Clinical Psychology Doctorate

Participant Information Sheet

Research Project Title: Foster carers' experience of placement breakdown involving adolescent looked after children (LAC).
Principle Researcher: Daniella Valentine (Trainee Clinical Psychologist)
Email: D.Valentine@warwick.ac.uk
Address: Clinical Psychology Doctorate Programme, Coventry University, Faculty of Health and Life Sciences, James Starley Building, Priory Street, Coventry, CV1 5FB.

Research is an important part of understanding people's experiences and in seeking to provide the best possible support to foster carers. A trainee clinical psychology doctorate student at the Universities of Coventry and Warwick would like to invite you to participate in research that focuses on the lived experience of foster carers who have ended a foster placement.

Please read the information provided below in order to make an informed decision about whether or not you would like to participate in this research project.

What is the aim of the research project?

It is hoped that 6-8 foster carers will participate in this research project and that the information collected will help us to understand:

- The experience of fostering older children/ adolescents
- What life is like for foster carers when a placement is breaking down
- What the experience of terminating a foster placement is like
- The experience of foster carers after the foster child has moved from the foster family home.

Who will be asked to take part?

Registered foster carers who have experienced an older child/ adolescent placement breakdown within the last 3 years but at least 6 months ago will be invited to take part. This means that the foster carer must have been caring for a looked after child aged 11 – 19 years old at the time the placement was terminated. The study invites individuals of all genders, ages, sexualities, family make-ups and ethnicities to consider taking part.

Who will decide if I should participate in the research?

It is your decision whether you participate in the research project or not. Your information will only be used in the project if you consent to its use.

If I agree to take part, what is involved in the research project?

If you wish to take part, you will have the opportunity to ask any questions before being invited to an interview with the principal researcher and completing a consent form.

The interview

The interview will last approximately 60 - 90 minutes and will involve an informal discussion with the principal researcher. The study aims to find out about your experiences of foster placement breakdown. You will be asked a range of questions which will cover areas related to this topic. You do not have to answer any questions if you do not wish to and can stop the interview at any time.

If in the interview you disclose information that is a cause of concern for either your safety or the safety of other people, where it is required the principal researcher will liaise with appropriate services to provide support. Should this issue arise, this would be discussed with you in more detail.

The interviews will be audio recorded for the purpose of transcription. Once the research project has been marked and approved by Coventry and Warwick Universities, the audio files and any confidential information obtained for the purpose of the project will be destroyed.

Will other people be able to identify me in the research?

All personal information such as name, date of birth, names of friends and family, where you live etc. will not be included in the research. Any information that could identify you will be anonymised. You will not be identified in the research project.

In the research project, extracts of the transcripts will be used to highlight themes that arise from participants' experiences. A pseudonym will be used which means the reader would not know your name. Any information that is provided will be kept confidential and only accessible by the researcher.

Anonymised transcripts may be shared with the research supervisory team to aid the process of identifying themes that emerge from the information that is provided by participants.

What are the possible advantages and disadvantages of taking part?

Advantages

- There is a wealth of information about foster child experience of placement breakdown. This research project provides an opportunity to 'give a voice' to the foster carers' experiences of placement breakdowns involving older children/ adolescents
- It is hoped the information that is provided will add to our understanding of what it is like to be a foster carer of older/children adolescents

- It is hoped that this information could encourage more research into this area and become part of a wider body of research that could change future practices.

Disadvantages:

- It is not anticipated you will experience any disadvantages to taking part in this research project. It is understandable that talking about placement breakdown might evoke difficult emotions. Therefore, it is important that you consider whether taking part in this research project might be too challenging for you at this time. You might want to consider that you do not have to answer any questions if you do not wish to and can stop the interview at any time.

Do I have the right to withdraw my consent?

If you have previously consented to your information being used in the research project and decide you wish to withdraw your consent, you can do so any time prior to March 2018 by contacting the principal researcher on the contact details listed above. After this time, the data will be analysed in preparation for writing the research project.

If I consent, can I have a copy of the results?

After your interview you will be asked whether you would like to have a copy of the overall findings and conclusion of the research project. If you have informed the principal researcher that you would like a copy, they will be available once the project has been submitted and approved by the doctorate programme in May 2018.

If there is anything that you don't understand about the aims and purpose of the study or you would like more information, please do not hesitate to contact the principal researcher with any questions you may have. If you contact the principal researcher for further information this does not mean that you are obliged to take part in the project.

Thank you for taking the time to read this information and for your consideration of whether you wish to participate in this project.

Appendix F.
Participant consent form.

Coventry and Warwick Clinical Psychology Doctorate

Participant Consent Form

Research Project Title: Foster carers' experience of placement breakdown involving adolescent looked after children (LAC)
Principle Researcher: Daniella Valentine (Trainee Clinical Psychologist)
Email: D.Valentine@warwick.ac.uk
Address: Clinical Psychology Doctorate Programme, Coventry University, Faculty of Health and Life Sciences, James Starley Building, Priory Street, Coventry, CV1 5FB.

Please read the statements below and if you agree circle 'yes':

I confirm I have read and understood the participant information sheet for the above project and by signing below I consent to participate in this project	Yes/ No
I am aware of what will be involved in the research project and that the interview will be audio recorded and transcribed	Yes/ No
Any questions I have had about the project have been answered and I am aware of who to contact about the research project should I have further questions	Yes/ No
I have been informed participation is the research project is entirely voluntary and I can withdraw the information I provide up to two weeks after my interview	Yes/ No
I understand a pseudonym will be used rather than my name	Yes/ No
I consent to extracts of the interview being used in the report and in publication	Yes/ No
I understand that research supervisors may look at an anonymised transcript of my interview	Yes/ No

Participant	Principal Researcher:
Name:……	Name:……
Signature: ……	Signature: ……
Date: ……	Date: ……

Version 2. December2016.

Appendix G.
Participant debrief sheet.

Coventry and Warwick Clinical Psychology Doctorate

Participant Debrief Sheet

Research Project Title: Foster carers' experience of placement breakdown involving adolescent looked after children (LAC)
Principle Researcher: Daniella Valentine (Trainee Clinical Psychologist)
Email: D.Valentine@warwick.ac.uk
Address: Clinical Psychology Doctorate Programme, Coventry University, Faculty of Health and Life Sciences, James Starley Building, Priory Street, Coventry, CV1 5FB.

Thank you for taking part in this research project.

Within the interview, I asked you a number of questions about your experience of foster placement breakdown, particularly your thoughts and feelings after the foster child had left the family home.

What happens to the information you have provided?

The information provided in the interviews will now be transcribed. All personal information that could identify you will be anonymised and will not be used in the research report. Only extracts of this information will be incorporated into the report and a pseudonym will be used which means the reader will not be able to identify you. In the transcripts, I will look for the main themes that have emerged from the interviews to understand what it is like for foster carers when foster placements are challenging, when the foster carer terminates the placement and what it is like for the foster carer once the foster placement has ended.

The transcripts and audio recording will be destroyed once the research project has been submitted for marking and approved by the Coventry and Warwick Clinical Psychology Doctorate programme.

Withdrawing your information from the research project

If you wish to withdraw the information you have provided in the interview, please contact me using the details listed above. You can withdraw your consent until **March 2018** (formally October 2017, however the project has been extended).
If you have confirmed you would like to know the overall conclusion and findings of the research project, you will be sent a copy once the project has been marked and approved by the Coventry and Warwick University Doctorate Programme. The research project will be submitted for marking in the summer of 2018.

Support Services:

Whilst it is not the intention of the research project to cause any distress, if you found discussing your experiences upsetting, you may wish to discuss how you are feeling with someone and there are a number of services available.

In the first instance please contact your supervising social worker.

I have included the contact details of these services below. Please contact me or your supervising social worker if you would like any more information about these services.

The Fostering Network
Telephone number: 020 7401 9582 (weekdays 10am-3pm)
Website: www.thefosteringnetwork.org.uk/adviceinformation/advice/fostering-network-helplines

Mind
Telephone number: 0300 123 339β (weekdays 9am - 6pm)
Website: www.mind.org.uk

Samaritans
Telephone Number: 08457 90 90 90 (available 24 hours)
Website: http://www.samaritans.org

Thank you again for taking the time to share your experiences

Appendix H.
Semi-structured interview schedule.

Coventry University

THE UNIVERSITY OF WARWICK

Coventry and Warwick Clinical Psychology Doctorate

Interview Schedule

- Introduce myself to the participant
- Discuss aim of the research
- Ensure the participant has read the participant information sheet
- Allow a time for the participant to ask any questions
- Complete the consent form
- Ask whether they would like a summary of the project
- Obtain permission to begin audio recording of the interview

Interview questions:

1. Can you tell me a bit about why you wanted to become a foster carer?

   Possible prompts: What did you expect? What did you think about fostering before you applied? Did you hold any hopes about fostering?

2. Who lives within your family home?

   Possible prompts: What roles do you take in parenting? What roles do you take in fostering? What has your families involvement in fostering been like?

3. What was your journey into fostering like?

   Possible prompts: What happened? Were there any challenges? Was the process straightforward? Did your journey towards becoming a foster carer change your expectations of what fostering might be like? Did you/ your family make any specific plans or arrangements when you decided to foster?

4. Can you describe what it was like when you first found out about fostering an adolescent?

   Possible prompts: How did you feel? What were your thoughts?

5. Can you tell me about your day-to-day experience of being a foster carer?

Version 1. November 2016.

Possible prompts: What are your main tasks? What is your involvement with the foster child? What roles do you have? How do you view yourself as a foster carer?

6a. As you will be aware, this research is exploring your experience of foster placement breakdown. Can you tell me about how many foster placements you have had?

b. Of those, how many have you ended?

7. Thinking about one of those placements that broke down, what was your relationship with you foster child like when they first moved into your home?

Possible prompts: What did you feel? Did you/ your family change or make any adaptations? Did you have any expectations? Did things go well or did you struggle with anything?

8. Thinking about the placement that broke down, can you tell me about what it was like for you when you started to notice that the placement might need to end?

Possible prompts: What did you feel? What did you do? What did you notice? Can you tell me more about that?

9. Did you receive any support during the placement breakdown?

Did you receive support? What did you need? Why did you need this? How did it help?/ How might this have helped?

10. Can you tell me what it was like once the foster child had moved out of your home?

What did you think? How did you feel about that? Did you have any concerns? Did you have any hopes? Did you know where the child would move to?

11. Do you think you needed support after the placement breakdown?

Did you receive support? What did you need? Why did you need this?

How did it help?/ How might this have helped?

12. FOR CARERS WITH MORE THAN 1 BREAKDOWN: Were there any differences between the placements that broke down?

Possible prompts: Were they different? How were they different?

I have finished all of my questions, thank you for your time participating in the project.

General Prompts

- Can you tell me more about that?
- What happened?
- How did it make you feel?
- In what way?
- What is that like?

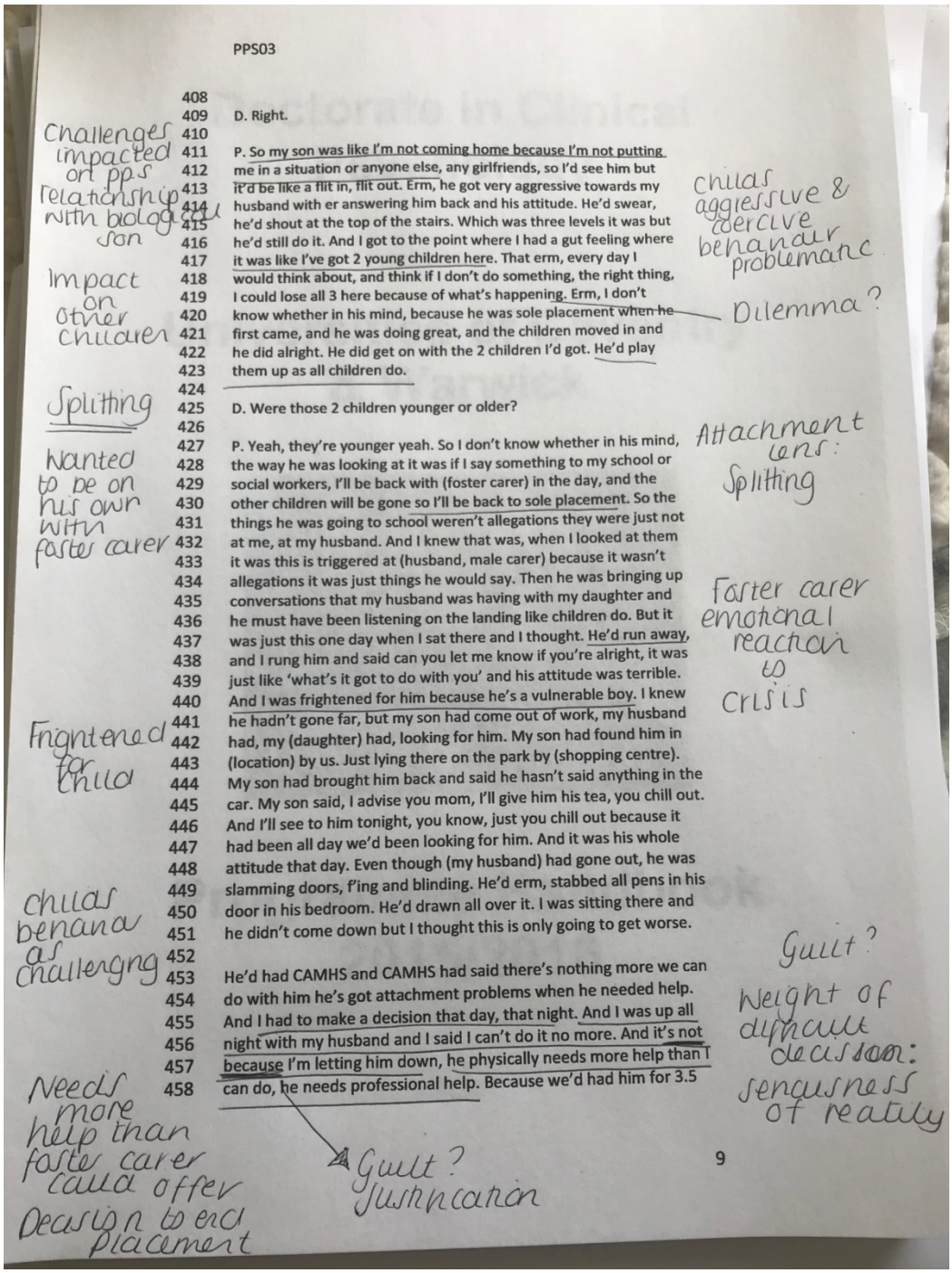
Appendix I.

IPA data analysis steps.

(Smith et al., 2009).

Stage	Task
1	Reading the transcript multiple times facilitates the process of developing an understanding from the participants' view. This also assists in revealing new insights, which are noted on the transcript.
2	Initial noting includes examining the content of the discussion with foster carers', the language used to explain the situation as well as the context provided by the foster carers'. Distinctive points and emotional connotations will also be highlighted.
3	The development of emergent themes involves taking the exploratory notes and looking for connections, relationships and themes.
4	Emergent themes are ordered chronologically and then clustered through consideration of how the patterns are connected.
5	The above steps will be systematically repeated across all foster carer interviews in order to allow themes to continue to emerge without undue influence from the preceding analyses.
6	The final stage in analysis is to look for connections across foster carer interviews and to explore which themes are recurrent or overlap.

Appendix J.
Excerpts from data analysis.



PPS03

D. Right.

P. So my son was like I'm not coming home because I'm not putting me in a situation or anyone else, any girlfriends, so I'd see him but it'd be like a flit in, flit out. Erm, he got very aggressive towards my husband with er answering him back and his attitude. He'd swear, he'd shout at the top of the stairs. Which was three levels it was but he'd still do it. And I got to the point where I had a gut feeling where it was like I've got 2 young children here. That erm, every day I would think about, and think if I don't do something, the right thing, I could lose all 3 here because of what's happening. Erm, I don't know whether in his mind, because he was sole placement when he first came, and he was doing great, and the children moved in and he did alright. He did get on with the 2 children I'd got. He'd play them up as all children do.

D. Were those 2 children younger or older?

P. Yeah, they're younger yeah. So I don't know whether in his mind, the way he was looking at it was if I say something to my school or social workers, I'll be back with (foster carer) in the day, and the other children will be gone so I'll be back to sole placement. So the things he was going to school weren't allegations they were just not at me, at my husband. And I knew that was, when I looked at them it was this is triggered at (husband, male carer) because it wasn't allegations it was just things he would say. Then he was bringing up conversations that my husband was having with my daughter and he must have been listening on the landing like children do. But it was just this one day when I sat there and I thought. He'd run away, and I rung him and said can you let me know if you're alright, it was just like 'what's it got to do with you' and his attitude was terrible. And I was frightened for him because he's a vulnerable boy. I knew he hadn't gone far, but my son had come out of work, my husband had, my (daughter) had, looking for him. My son had found him in (location) by us. Just lying there on the park by (shopping centre). My son had brought him back and said he hasn't said anything in the car. My son said, I advise you mom, I'll give him his tea, you chill out. And I'll see to him tonight, you know, just you chill out because it had been all day we'd been looking for him. And it was his whole attitude that day. Even though (my husband) had gone out, he was slamming doors, f'ing and blinding. He'd erm, stabbed all pens in his door in his bedroom. He'd drawn all over it. I was sitting there and he didn't come down but I thought this is only going to get worse.

He'd had CAMHS and CAMHS had said there's nothing more we can do with him he's got attachment problems when he needed help. And I had to make a decision that day, that night. And I was up all night with my husband and I said I can't do it no more. And it's not because I'm letting him down, he physically needs more help than I can do, he needs professional help. Because we'd had him for 3.5

9

Challenges impacted on pps relationship with biological son

Impact on other children

Splitting

Wanted to be on his own with foster carer

Frightened for child

Child's behaviour as challenging

Needs more help than foster carer could offer

Decision to end placement

Guilt? Justification

Child's aggressive & coercive behaviour problematic

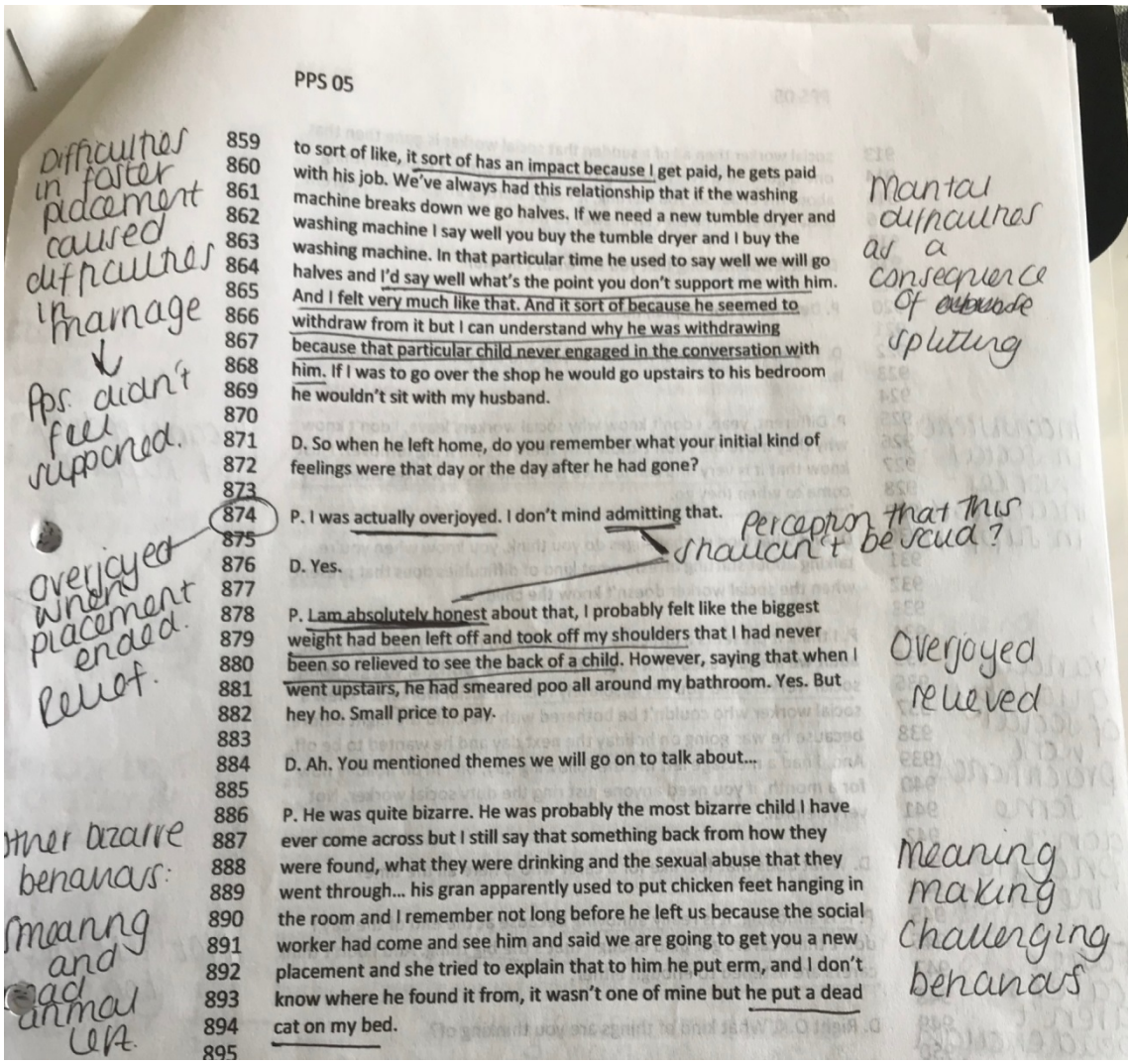
Dilemma?

Attachment lens: Splitting

Foster carer emotional reaction to crisis

Guilt?

Weight of difficult decision: sensitivity of reality



PPS 05

to sort of like, it sort of has an impact because I get paid, he gets paid with his job. We've always had this relationship that if the washing machine breaks down we go halves. If we need a new tumble dryer and washing machine I say well you buy the tumble dryer and I buy the washing machine. In that particular time he used to say well we will go halves and I'd say well what's the point you don't support me with him. And I felt very much like that. And it sort of because he seemed to withdraw from it but I can understand why he was withdrawing because that particular child never engaged in the conversation with him. If I was to go over the shop he would go upstairs to his bedroom he wouldn't sit with my husband.

D. So when he left home, do you remember what your initial kind of feelings were that day or the day after he had gone?

P. I was actually overjoyed. I don't mind admitting that.

D. Yes.

P. I am absolutely honest about that, I probably felt like the biggest weight had been left off and took off my shoulders that I had never been so relieved to see the back of a child. However, saying that when I went upstairs, he had smeared poo all around my bathroom. Yes. But hey ho. Small price to pay.

D. Ah. You mentioned themes we will go on to talk about...

P. He was quite bizarre. He was probably the most bizarre child I have ever come across but I still say that something back from how they were found, what they were drinking and the sexual abuse that they went through... his gran apparently used to put chicken feet hanging in the room and I remember not long before he left us because the social worker had come and see him and said we are going to get you a new placement and she tried to explain that to him he put erm, and I don't know where he found it from, it wasn't one of mine but he put a dead cat on my bed.

difficulties in foster placement caused difficulties in marriage ↓ Pps didn't feel supported.

overjoyed when placement ended. Relief.

other bizarre behaviours: meaning and dead animal

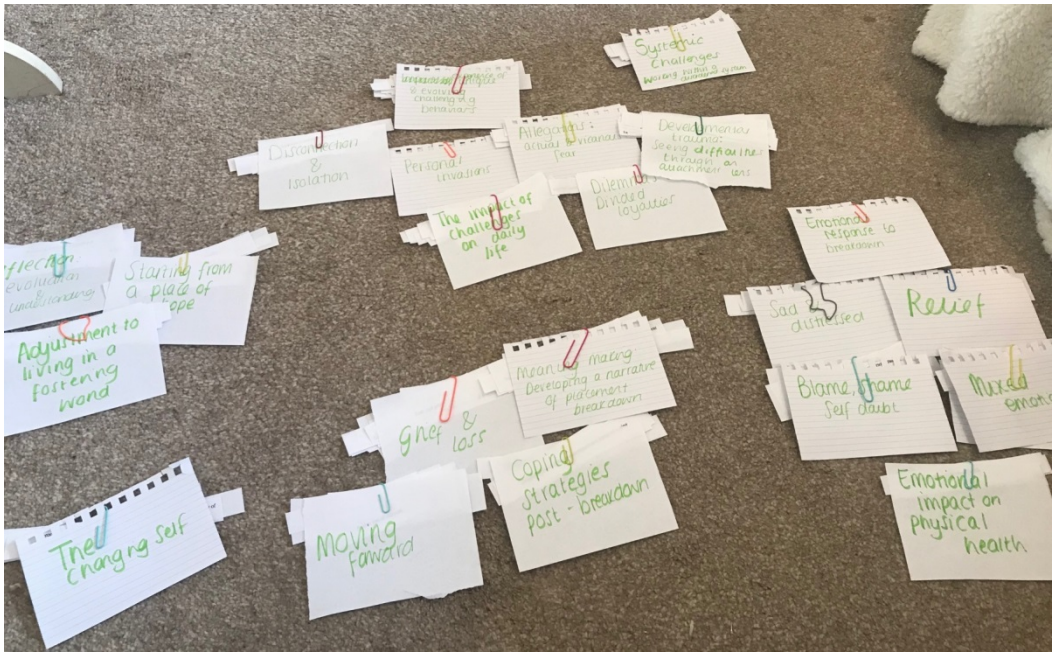
Mental difficulties as a consequence of ~~outwards~~ splitting

Perception that this shouldn't be said?

Overjoyed relieved

Meaning making challenging behaviours

Appendix K.
Photograph of empirical data analysis process.



Appendix L.
Photograph of example from foster carer feedback workshop.